



Oral Hygiene

Dentist-Magicians at work
(See Page 11)

JAN 11 1946
JANUARY 1946

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In This Issue:

DOES DENTISTRY WEAR LONG PANTS?

An illustration of three dental handpieces. One is a contra-angle handpiece at the top, and two are standard straight handpieces below it. They are shown in a vertical arrangement on the left side of the advertisement.

Sani-Terry HANDPIECES

**ACCURATE. TRUE-RUNNING
RESISTANT TO WEAR**

Sani-Terry Handpieces are accurately made, light in weight, smooth and true in operation, and are resistant to wear at every point where wear is usually first to occur in a handpiece.

Sani-Terry Contra-Angles are designed to prevent wear of the handpiece. There is no wear on the bur chuck when they are used.

CLEV-DENT CONTRA-ANGLE U

If preferred, Clev-Dent Contra-Angle U may be used with the Sani-Terry Handpiece. It fits accurately over the handpiece and is free from unnecessary vibration.







PROFESSIONAL TOWELS

DENTAL DIVISION

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

CHECK THE ADVANTAGES

OF J & J PROFESSIONAL TOWELS

✓ **ECONOMICAL -**
no laundry costs, no expense of
buying cloth towels.

✓ **TIME SAVING -**
always ready, no waiting for
laundry delivery.

✓ **SANITARY -**
each patient receives a brand
new towel.

✓ **SOFT -**
made principally of absorbent
faced cotton with water-repel-
lent backing.

✓ **DISPOSABLE -**
no laundry bother.

✓ **VARIED USES -**
as a napkin, or wipe, to clean
and polish equipment and in-
struments. For patients to take
home after extractions.

617.6051

0632

SIZE:

19" x 14", folded to 5" x 7"

691747



The Publisher's Corner

By Mass

Number 295

PIECE ABOUT PIPES

DOCTOR FRANK DUNN of Cleveland, an old friend, retired now, wrote to Jack Downes of our staff a while ago. "Over the long journey," said Frank, "I've gone to scores of funerals. At each, there was one man and one man only who didn't have a single trouble on his mind." Frank sits and puffs his pipe and thinks up thoughts like that every now and then. Cogitating about Frank makes you think of pipes and of dentist friends who smoke them, Doctor Leslie Waddill here in Pittsburgh for instance whose big deep-dip job is almost a trademark—first you see a big pipe coming at you, then you see Waddy; Ed Ryan and his pipes, every so often a new gadgetty one designed to drain off the drizzle; Earle Craig's neat number, only occasionally smoked in public.

You can't help but feel sorry for dentists who are pipe smokers not being able to do anything about it during the working day. Even a quick one out in the lab isn't safe; the aroma does last, trots right along with you. It seems too bad, because few things are so relaxing as pipe smoking, that is, relaxing for the pipe smoker. Other folks have different notions sometimes. They may say, "Oh go ahead and smoke your pipe; I love to see someone smoke a pipe!"—all the time secretly hoping you'll choke on some goo. Even pipe smokers themselves don't always relish the other fellow's. Years ago in a boarding house where I dwelt, an early-riser used to fire up his hod with some sort of poisonous mixture, the fumes of which soon drifted all over the

place and crept under your door, and you woke up in a state of alarm feeling sure someone was throttling you in the depths of a dank swamp. But in a little while you were ready to reach for your own pipe, poke some of the goo out of it, and set fire to your own favorite blend.

Every real pipe smoker is in love with one brand of tobacco, reluctant to change. We pipe smokers know that, but we all try to force our pet brand on other pipe smokers. Most people are polite and they take a load of your Old Ropes, or whatever, all the while scheming how to evade a second helping. Some time ago, I sent some of my tobacco to Sam Stanley who responded with a gracious note; but he was still smoking his own the next time I saw him.

Like Ed Ryan, most of us pipe smokers are drizzlers and live out our lives in quest of gadgets that really will dry up the drizzle. The best I have seen recently was shown me not long ago by my friend Dean Moor of Trinity Cathedral here in town. He found it over in East Falmouth, Massachusetts, where an old codger makes up special pipes when he happens to feel like it, which isn't very often. He saws off the bowl of a briar a little above where it joins the stem, then attaches it again with tiny hinges. That lets you get at the bottom of the bowl in which you insert a wisp of tissue paper curled into a sort of little rope that doesn't interfere with the pipe's drawing. After the little paper rope has drunk its fill of the drizzle, you flip back the bowl and fish out the rope and tuck in another one. The Dean says it's "wonderful, wonderful."

Right now, I'm smoking a new aluminum job the kids gave me. Once its drains and plungers and by-passes and knurled knobs and worm gears are mastered, maybe it will end my quest. At any rate, it gives you a feeling of power when you succeed in putting it together again after you've taken it apart.

A bear's lair has nothing on this office for aromatic effluvium, when the room has been smoked in all day while sealed against

the wintry blasts. When Annie comes in to pick up this writing so as to make a fair copy for the printer, she will blench, cough, gag, and totter hurriedly back to her own hygienic cubicle next door. Long ago, she wadded up the keyhole.

Veterans' Clearinghouse

The clearinghouse for Dental Corps veterans, first told about in September, is interesting more and more veterans and more and more civilians who have opportunities to offer. Correspondence between interested veterans and civilians is being conducted by ORAL HYGIENE in all cases where anyone is reluctant to reveal his identity. Here are some new cases, each identified by a letter (others appear among the want ads on page 176):

L.—A lieutenant wants to locate in Southern California.

M.—Another lieutenant, stationed in Detroit, wishes to become a salesman or demonstrator. In addition to nine years' private practice, and three years' Navy Dental Corps service, he has had training in public speaking and salesmanship.

N.—Another, now in Vermont, seeks a similar opportunity after thirty-four months' Navy service, including two years as supervisor of a Dental Corps prosthetic section; his experience also includes dental laboratory work, and chemistry.

O.—A Connellsville, Pennsylvania, dentist who is retiring wants to sell his practice to a veteran.

P.—A Maryland dentist would like to employ a veteran.

Q.—“Wonderful opportunity for capable, honest young Colorado-licensed dentist” is offered by Colorado dentist who intends to go into semi-retirement.

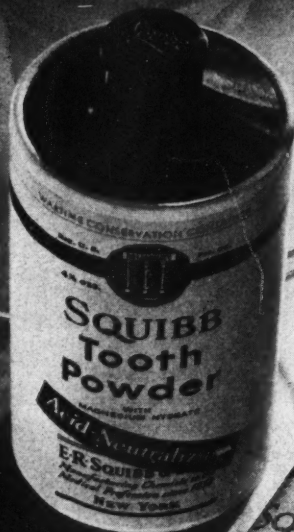
R.—An Army captain wants to buy good Pennsylvania practice.

S.—A veteran of five years' service seeks a location in California. He is willing to become associate, or partner, or will buy a practice, or start a new one in a location needing a dentist.

T.—An Illinois laboratory seeks a salesman and will give preference to a discharged young Dental Corps veteran.



First call in the morning
...the last call at night!



SQUIBB *A name you can trust*

E. R. SQUIBB & SONS, N. Y.—MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858



S. S. WHITE ZINC CEMENT IMPROVED

ALL PURPOSE PACKAGE No. 2

A utility assortment at a substantial saving in price.

Contains:

- 1 full portion Powder No. 11, pure white
 - 1 full portion Powder No. 12, tooth yellow
 - 1 full portion Powder No. 13, incisal gray
 - 1 full portion Powder No. 14, gingival brown
 - 2 full portion bottles of liquid
 - 1 trial powder Silver Cement Improved
 - 1 trial powder Red Copper Cement
- (in handy, hardwood, dispensing block)*

A \$6 Value (plus the trials) for

\$5.00

Zinc Cement Improved Liquid can be used with Silver Cement Improved and Red Copper Cement powders.

Zinc Cement Improved and Silver Cement Improved more than comply with A.D.A. Specification No. 8.

THE S. S. WHITE DENTAL MFG. CO., Philadelphia 5, Pa.

COMPLETE
and
CONTINUOUS
SATISFACTION



S.S. WHITE *ZINC CEMENT* *IMPROVED*

QUALITY • UTILITY • ECONOMY

Great strength . . . low film thickness . . . durable . . . useful tooth colors . . . cool setting . . . simple and easy mixing technique.

Silver Cement Improved (2% silver phosphate) is anodyne and has a self-limiting penetration. Red Copper Cement contains 25% red copper oxide.

The All Purpose assortment will give complete and continuous satisfaction. This is based on the fact that S. S. White Zinc Cements have an illustrious record, enjoying world-wide use for more than a generation.

For Sale by Your Dealer



PLASTOGUM

Easy to mix and handle

Assures finest detail

Accurate muscle trimming

**Accurate recording of
periphery**

**Does not crumble or soften
from absorption**

Is pleasantly flavored

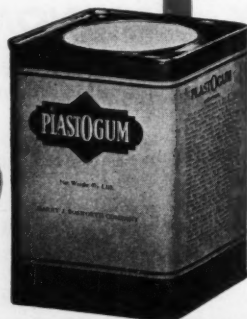
**Superior to plaster for cor-
rective impressions**

**Finer for compound tray
wash impressions**

For exact registration of the finest detail in full denture work, use Plastogum—the *easy-to-use* impression material. Plastogum is highly accurate. It is unequalled for recording the periphery and muscle trimming. It is far superior to plaster for corrective or wash impressions.

Once you have taken an impression with Plastogum you will always keep a can on hand for immediate use. Why? Because it is simple to mix and handle. It won't crumble or soften from absorption. It's economical and that is *important* these days.

Patients like its pleasant flavor—the quick, easy way you take impressions without discomfort to them. We're so sure you'll find Plastogum indispensable in your practice we'll gladly send you a **FREE** sample. Write today.

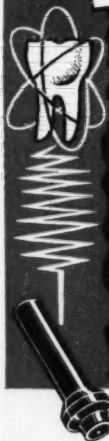


**FREE
Sample**

HARRY J. BOSWORTH COMPANY

1315 SOUTH MICHIGAN AVENUE • CHICAGO, ILLINOIS

Electric Shocking is NOT *Testing Tooth Vitality*



The practitioner who is still depending upon the use of an electric shocking device to determine tooth vitality has failed to keep progress with the advance of science.

In one of America's greatest Universities researchers uncovered the advantages of high frequency energy as opposed to so called ordinary electricity. By the proper use of **high frequency energy** the terror of the "electric shock" can be entirely eliminated.

Electric shocking devices for determining tooth vitality are inaccurate, unscientific, unreliable and even in some cases dangerous to use, and are further reasons why the modern practitioner should employ that which modern science has evolved and made practical, safe and reliable.

Only Burton's High Frequency Capacity Tube Vitalometer, as contained in Burton Diagnostic Sets, provides this scientific diagnostic means.

FREE!

Treatise on "Testing Teeth by Short Wave High Frequency."
Ask your Dealer to secure a copy for you today.



BURTON
MANUFACTURING COMPANY
3855 N. LINCOLN AVE. CHICAGO 13, ILLINOIS

Dimensional



VERNON-BENSHOFF COMPANY

P. O. BOX 1587 • PITTSBURGH 30, PENNA.

stability

less than half the thickness of an egg shell

A properly constructed Vernonite restoration will stay the same size and shape it is molded as long as the patient wears it . . . in many cases, five, six, seven, eight, nine years and longer. Why is this so? Because VERNONITE has a high degree of DIMENSIONAL STABILITY to protect your dentures against change.

Measurements of Vernonite dentures made after years of mouth service show that this outstanding acrylic material stays dimensionally accurate to about 0.1% linearly. Considering that the average case is about 50 mm, this means that the actual change in Vernonite, while being worn in the mouth over a period of years, is only approximately 0.05 mm—less than half the thickness of an egg-shell, less than the thickness of a silk thread, a human hair, or the paper this statement is printed on!

This quality of permanent stability enables Vernonite to provide lasting functional perfection and comfort in every case. Prescribe Vernonite and you prescribe long life for your restorations; accept no substitute.

Vernonite

Here's the Key to

POSITIVE CONTROL
for Better

Dental Impressions



Did you ever use Zelex before—Zelex, the one-piece impression material that needs no boiling, no cooling, no

bothersome preparation? Now try it in this new form—a *different* Zelex!

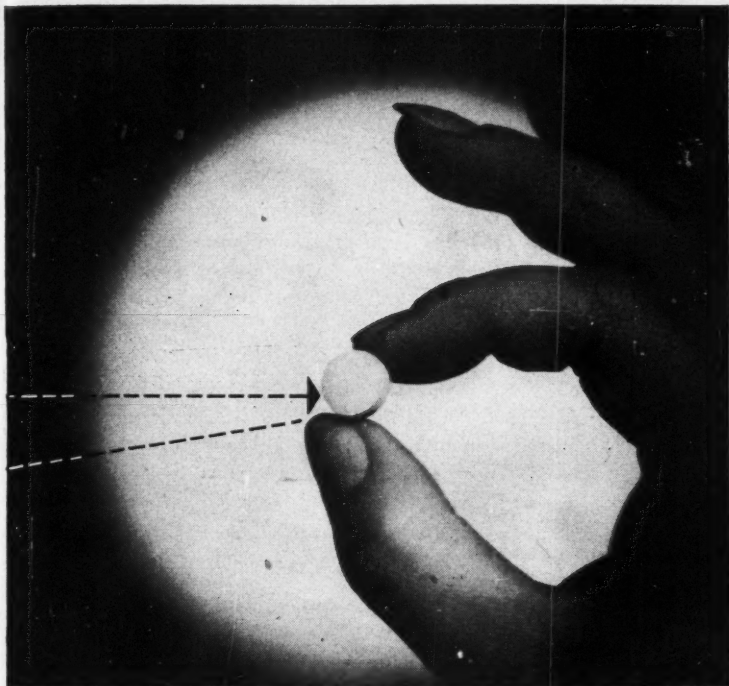
See that little tablet on the right? That's the controlling agent of this new kind of Zelex. *Not until you add it to the Zelex powder can chemical reaction possibly take place.* That means positive control of manipulation.



Look for this Seal

This seal, which identifies Zelex in its new and improved form, reads: "The 3rd Ingredient in the Zelex formula is now supplied in a tablet to assure you always of positive control throughout the manipulation."

FOR MODERN MATERIALS

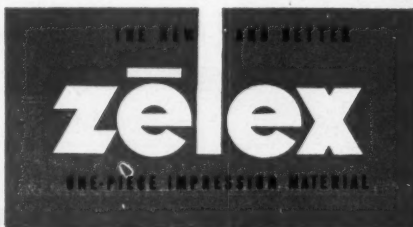


Now you can reproduce the finest details of irregular dentition—without fracturing, crumbling or distortion—anytime, anywhere, always with unvarying satisfaction. Remember—this new kind of Zelex *has just been released for civilian use*. Even if you're familiar with Zelex' accuracy and ease, you'll find this new product astonishingly better.

CALL ON

Caulk

MILFORD, DELAWARE



CAMEL CIGARETTES

• *Medical Relations Division*

ONE PERSHING SQUARE
NEW YORK 17, N.Y.

Dear Doctor:

You may recall having been asked the question:
"What cigarette do you yourself smoke, Doctor?"

In the past few months every physician in private
practice in the United States has been asked that
same question...asked solely and clearly on the
basis of personal preference as a smoker.

Three nationally known independent research groups
did the asking in what we believe is one of the
most impartial and most comprehensive surveys of
physician preference ever conducted.

You may or may not be a cigarette smoker, but we
believe you will be interested not only in the
results of these surveys, but in the methods by
which these results were obtained.

Yours very truly,

A. G. Clarke

A. G. Clarke
Director

Medical Relations Division

CALEDONIA 5-1010

A physician asked us the question first—

A smoker himself, he asked: "What cigarette do most doctors smoke?"

We know that many physicians smoke, that many of them prefer Camels; but we couldn't answer the doctor's query.

We turned the question over to three nationally known independent survey groups. For months these three groups worked ... separately ... each one employing the latest scientific fact-finding methods.

This was no mere "feeling the pulse" poll. No mere study of "trends." This was a nationwide survey to discover the actual fact ... and from the statements of physicians themselves.

To the best of our knowledge and belief, every physician in private practice in the United States was asked: "What cigarette do you smoke?"

The findings, based on the statements of thousands and thousands of physicians, were checked and re-checked.

ACCORDING TO THIS RECENT NATIONWIDE SURVEY:

More doctors smoke Camels than any other cigarette

And by a very convincing margin!

Naturally, as the makers of Camels, we are gratified to learn of this preference. We know that no one is more deserving of a few moments to himself than the busy physician ... of a few moments of relaxation with a cigarette if he likes. And we are glad to know that so many more physicians find in Camels the same added smoking pleasure that has made Camels such an outstanding favorite among *all* smokers.



CAMELS Costlier Tobaccos

R. J. Reynolds Tob. Co.
Winston-Salem, N. C.

*Dr. Gilbert is working
alone in one operating room.*



*Have you read both
these books?*



Arch

*His assistant is dismissing
a patient in his other room.*



*His Hygienist is doing a prophylaxis
in her own Tri-Dent equipped office.*

You Ready

for your next step in Dental Leadership?

How much did Dr. Gilbert increase his practice by adding another Ritter operating room? How much does his hygienist in her own room contribute to his practice? You'll learn the answers to these and many other questions in the new Ritter Practice Building Studies. Ask your dealer's representative to tell you about the *Ritter Plan for Dental Leadership*. Ritter Co., Inc., Ritter Park, Rochester 3, N. Y.

Ritter

BUILT UP TO A STANDARD



NOT DOWN TO A PRICE

ROCHESTER, N. Y.

BETTER-Cutting

and LONGER-Cutting

BURS

by

Lee Smith



It is a distinct pleasure to use Lee Smith burs because they really cut, not only the first time they are used, but time and time again. Their efficiency relieves the tediousness of a difficult cavity preparation . . . makes it possible for you to turn out first rate work in record time.

Of equal or more importance is the fact that cutting with sharp, dependable Lee Smith burs reduces to a minimum your patient's irritation and suffering. Patients know that important steps have been taken in the elimination of pain from dental work, and to many of them "efficient dentistry" and "painless dentistry" are synonymous.

Accordingly, any move you make toward that goal will pay off in better satisfied patients and more patients.



Recognize this package wherever you see it. It contains a gross of Lee Smith burs, the burs that cut "better" and cut "longer."

Phone your dealer today for some Lee Smith burs. Use them on your next difficult case and note how well they cut, with only normal pressure. Note also the longer "cutting life" of these burs. And for maximum bur quality on every count, continue to ask for Lee Smith burs.

LEE SMITH

LEE S. SMITH & SON MANUFACTURING COMPANY

Certified Dental Products Since 1866

PITTSBURGH 8, PENNA.

TRUBRIDGE NEW HUE ANTERIORS



GRADED LENGTHS, WIDTHS, THICKNESSES

Simplify Selection Minimize Grinding

The 41 Square, Tapering and Ovoid Upper Moulds of Trubridge New Hue Anteriors and the 11 Lower Moulds give wide choice in selection for mechanical accuracy and attractive natural tooth appearance.

The finely graded sizes in each form, accurately proportioned as to length, width and labio-lingual thickness, make it possible to select a mould which will meet mechanical requirements with a minimum of grinding. To facilitate selection, these moulds are available in varied lengths of ridge-laps and depths of bites.

And added to this is the beautifully natural, lifelike translucence and fluorescence of Trubyte New Hue Porcelain.

For Cast Partial and Bridgework

TRUBRIDGE *New Hue* ANTERIORS

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 West 42nd Street

New York 18, N. Y.



Alkalinity

FLAVOR IS IMPORTANT

Many patients prefer the mild peppermint flavor of FASTEETH—so mild that FASTEETH is often described as tasteless. Flavor is important and the oil of peppermint has an analgesic effect—helps to prevent gagging.

Pleasant tasting FASTEETH is different, and your denture patients will notice and appreciate that difference.

FASTEETH

Clark-Cleveland, Inc.
Binghamton, N. Y.

OH-1

Gentlemen:

Please send professional samples of Fasteeth.

Dr.

.....

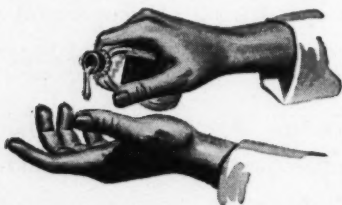
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Helps

HOW MANY TIMES DID YOU WASH YOUR HANDS TODAY?



To help prevent rough hands caused by frequent washing



...a few drops of TRUSHAY,
applied before washing, gives two-fold protection:

1. TRUSHAY forms a film over the skin surface to help guard against the harsh effects of cleansing and antiseptic agents. . helps keep hands smooth and soft.
2. TRUSHAY protects hands by helping to keep skin normal and unbroken!

Trushay THE "BEFOREHAND" LOTION



Every Dentist Should Know that Acrylics are not *"Just Acrylics"*

In hard fact, acrylics differ widely from each other. No manufacturer of raw acrylic powders can predict the exact properties which any batch will possess. No two consecutive shipments are ever identical.

This variance places heavy responsibility on the sponsor of an acrylic material offered for dental use. To secure rigid uniformity of color and working qualities he must install, command and effectively apply full and elaborate safeguards, refining processes and control.

These safeguards have been formulated and activated to keep Kerr Crystolex Formula 102 faithfully uniform on every count. Crystolex is truly a dental product, refined and protected with Kerr thoroughness and insistence on top quality. Standardize on Kerr Crystolex for the finest dentures your laboratory is capable of producing.

K E R R D E N T A L M F G . C O .

DETROIT 8, MICHIGAN

Established 1891

START Where the Toothbrush STOPS...

• When moistened, STIM-U-DENTS, BY REASON OF THEIR COMPRESSIBILITY, form a perfect fit in the teeth spaces not reached by the toothbrush.

• When gently moved back and forth they produce a highly efficient massaging action which thousands of dentists "swear by" as invaluable in their treatment of PYORRHEA AND GINGIVITIS.

• Simultaneously, the contacted teeth surfaces are cleaned and polished, food particles that cause BAD BREATH and DECAY are removed and cervical borders of fillings and crowns are rendered bright and clean and far less likely to recurrence of decay.

• Don't overlook STIM-U-DENTS! ASK FOR SAMPLES today, the results are most convincing; or, better still, mail coupon and obtain our Professional Courtesy Package containing 100 Special packets for only \$1.00 postpaid.



Keep Your Patients
Thinking of You.

STIM-U-DENTS

Stim - U - Dents also
make excellent
wedges in inlays and
other procedures.

PROFESSIONAL COURTESY PACKAGE (This offer confined to members of the profession only.)

STIM-U-DENT, INC.
54 Alfred St., Detroit 1, Mich.

Enclosed find \$1. Send me professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

Dr. _____

Street and No. _____

City _____ State _____

Druggist's Name _____

Address _____

Specifically

Deeone GOLD



for "A" type
INLAYS



The finely balanced constituents in this versatile alloy meets every condition in this category.

It is a soft gold for castings that faithfully reproduce the pattern. For that reason, and also because it permits of fine drawn burnishing over margins, it has won acceptance as first preference for gingival and one-surface inlays.

Yet, withal, it furnishes enduring functional service with a molecular structure that stands up to the impact and abrasion of mastication.

Like all DEE GOLDS, the processing of DEEONE is consistently tested to insure unfailing uniformity.

GENERAL OFFICES

AND PLANT

1900 W. KINZIE ST.

T H O M A S
DEE & CO.
Precious Metals
CHICAGO

DOWNTOWN OLD GOLD

AND SALES OFFICE

55 E WASHINGTON ST.

White's

SULFATHIAZOLE



*
White A PRODUCT OF
LABORATORIES, INC.

Pharmaceutical Manufacturers
Newark 7, New Jersey

"Many types of stomatitis which might not respond to a low blood sulfonamide level will probably respond to the high salivary levels which can be attained with chewing-wafer medication."

PFEIFFER, C. C. AND HOLLAND, H. L.:
NAVAL MEDICAL BULLETIN,
44:693-699 (APRIL) 1945.

E GUM*

—aimed directly at the site of oral infection—provides both an efficient and a practical method of effecting *immediate* and *prolonged* topical chemotherapy in areas not similarly reached with gargles, sprays or irrigations.

Even a single tablet chewed for one-half to one hour provides a salivary concentration of *locally active* sulfathiazole averaging as high as 70 mg. per cent. Yet, the resultant *blood levels* of the drug, even with maximal dosage, are so low (rarely reaching 0.5 to 1 mg. per cent) that likelihood of systemic toxic reaction is virtually eliminated.

INDICATIONS: Sulfonamide-susceptible stomatitis and gingivitis, including acute Vincent's disease; preoperatively and postoperatively to prevent and treat dental sepsis; correction of fetor oris due to oral sepsis.

DOSAGE: One tablet chewed for *one-half to one hour* at intervals of one to four hours depending upon the severity of the condition. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

AVAILABLE in packages of 24 tablets, sanitized, in slip-sleeve prescription boxes.

of LIQUID BULK
relieves constipation
without irritation

In contrast, SAL HEPATICA, a sparkling saline laxative follows nature's own methods by using the gentle pressure of "liquid bulk" to stimulate peristalsis.

Acting promptly, usually within an hour, SAL HEPATICA flushes the intestinal tract and effectively cleanses it of waste.

Because of this quick yet gentle action, combined with its pleasant taste, SAL HEPATICA continues to gain the ever-increasing confidence of your profession.

SAL HEPATICA

A Product of **BRISTOL-MYERS COMPANY**
19 L West 50th Street • New York 20, N. Y.

**GENTLE PRESSURE FOR GENTLE
YET THOROUGH LAXATION**



The facts about Minimax Alloy

No. 23 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material.

Minimax Alloy is lastingly lustrous

The fillings you make with Minimax Alloy No. 178 will continue to have a silvery sheen for years to come. The lustre lasts and lasts and lasts. Dentists who have employed this superior amalgam alloy for five, ten, twenty years and longer report that Minimax Alloy retains its brightness and always looks clean and fresh.

The ability to receive and retain a lustrous polish is but one of Minimax's important, outstanding properties. The right formula, tested in mouth service for more than quarter of a century, care

in handling and combining the elements that comprise the alloy, and thorough inspection after every step of fabrication provide definite assurance of Minimax's lasting qualities.

This is one alloy that you can depend upon to provide good results when you do the mixing, the packing, and the polishing. It complies with all specifications under your preferred office technics as it does and has under controlled laboratory testing procedures since the specifications were first set up. For enduring results, use only Minimax.



The MINIMAX Co.

Medical and Dental Arts Bldg., Chicago 1, Ill.

In 5 oz. BOTTLES

5 ozs. . . \$1.70 per oz.

10 ozs. . . 1.60 per oz.

20 ozs. . . 1.55 per oz.

In 1 oz. BOTTLES

1 oz. . . \$1.80

5 ozs. . . 1.75 per oz.

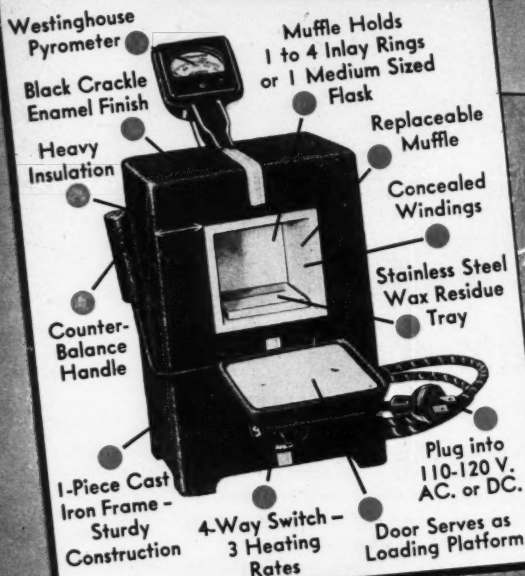
10 ozs. . . 1.65 per oz.

Prices subject to change without notice

Complies with A.D.A. Specifications. No. 1
Fillings suitable for alloy-mercury gauges.

For best results mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

THE FURNACE YOU HAVE BEEN WAITING FOR



JELENKO

*Electrically Controlled
Electrically Operated*

INLAY FURNACE

with Westinghouse Pyrometer

for Wax Elimination and Pre-Heating Flasks

PRICE —
\$42.00,
complete
with Pyrometer.

Ask your Dealer.

Literature
on request.

HERE is a sturdy, heavy-duty eliminating furnace of a size suitable for dental offices and small cases in dental laboratories. Its weight — 22 ½ lbs. — is evidence of its strong, solid construction, assuring long, trouble-free, economical service.

Check its many special features and controls — every convenience and safeguard for simple, safe, carefree operation. 3 Heating Rates, under pyrometer control, fit the High Heat, Low Heat and Slow Burn-out technics; 3"x3"x3 ¾" muffle; maximum temperature 1600° F.

Never have you been able to get so much furnace for so little!

J. F. Jelenko & Co., Inc.

Manufacturers of Dental Golds & Specialties

136 West 52nd Street • New York 19, U. S. A.

Send Your Scrap to
JELENKO.
Accurate Assay;
Prompt Report.

Oral Hygiene

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Significant results from
important clinical investigation showed

95% of GINGIVITIS CASES IMPROVED IN 30 DAYS!

- Out of hundreds of patients given individual dental examinations—795 were found to have Gingivitis.
- Prophylaxis was first given to approximately half of the patients.
- As a home adjunct all the patients were instructed to massage their gums with Forhan's Toothpaste. In 30 days:
- 95% of the Gingivitis cases showed marked improvement.
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- For over a generation—massage with Forhan's Toothpaste has enjoyed professional recommendation. The results from the above clinical investigation clearly warrant such indication.

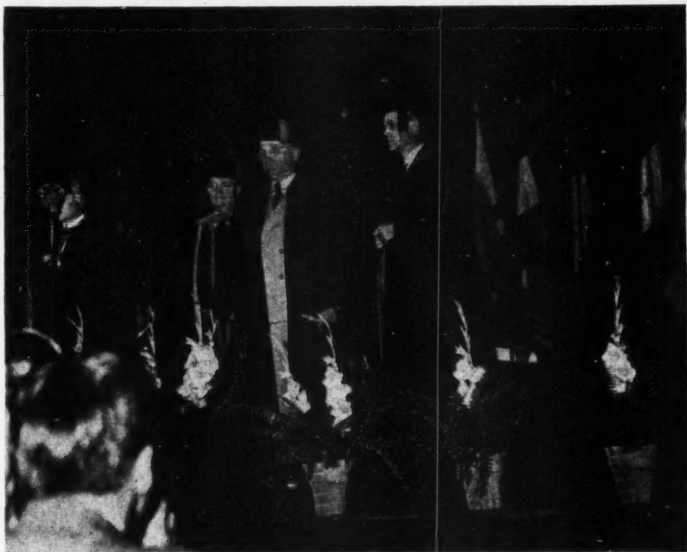
THERE ARE NO HARSH ABRASIVES IN FORHAN'S

Forhan's *with massage*

For Firmer Gums—Naturally Sparkling Teeth



Picture of the Month



PRESIDENT Harry Truman receives an honorary Doctor of Laws Degree at the University of Kansas City with Doctor Roy J. Rinehart, Dean of the School of Dentistry, and Dean Robert Mortvedt officiating. The degree was conferred by Clarence R. Decker, President of the University. Left to right: Doctor Decker, Dean Rinehart, President Truman, Dean Mortvedt.—*Photograph courtesy of Xi Psi Phi Quarterly.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

Let's Make the Public Want Dentistry



By **LIEUTENANT ALBERT H. GROB (DC) USNR**

IT WON'T be long now before several thousand dentists will be back in civilian practice. I thought that perhaps you dentists who have been on the home front would like to know what some of us think about and talk about whenever more than three dental officers get together. Some of the ideas, which were advanced by dentists from all parts of the country, appealed to me so much that I should like to pass them on to you.

Some of the dental officers have ideas about group practice and various prepayment plans. It will be interesting to see how they turn

out. The majority of us, I believe, will prefer to go back to the conventional type of private practice. Most of us want to see dentistry continue its forward march.

Reception Room Literature

On one occasion a dentist from Washington, D. C., said, "I shall always remember an illustration I saw in ORAL HYGIENE. It showed a reception room magazine rack filled with old magazines and it was entitled HOW TO KILL A DENTAL PRACTICE.¹ This picture gave

¹How to Kill a Dental Practice, ORAL HYGIENE 34:1117 (July) 1944.

Dental officers prepare practice-building plans for their return to civilian life.

me an idea which I'm really going to use when I get back. I'm going to develop my reception room into a practice-building asset. When do we have the undivided attention of our patient?" he continued. "When is he most receptive to articles which promote interest in dental health? I think it's just before he enters the operating room. So I'm going to see that there is plenty of good, ethical, educational material around for him to read."

Another officer remarked, "I believe you have something there. After all, there isn't much sense in displaying the advertisements of

our competitors, is there? I always tried to keep new magazines in my waiting room, but how do I know how many of the beautiful young women patients decided to invest in the lovely new dresses or hats they saw advertised in my latest fashion magazine? They probably thought, 'Doctor says I need a bridge for my lower first molar, but gosh, I sure like that dress. I guess I'll let the bridge wait awhile.' Maybe the same thing happened to my men patients. You never see Fords advertised in Chevrolet salesrooms, do you? Why should we display magazine advertisements for beer, fur coats, cosmetics, and automobiles?"

I personally intend to eliminate completely from my new reception room all literature that is not concerned with dentistry. If dental literature bores my patients, they will have to bring their own books or magazines. It seems to me that if a lot of dentists did this, we soon would have a large group of well-informed patients. An attractive kit of ethical educational material, including scrapbooks, pictures, charts, and pamphlets would be helpful. This could be called A RECEPTION ROOM REHABILITATION PROJECT. Such a program would change an unsightly liability into a practice-building asset. Anyhow, I'm going to give it a trial, because I believe it will save chair time.



"It showed a reception room magazine rack filled with old magazines."

The educating and instructing of patients is important but it is also time consuming.

Salesmanship

One night when a group of us were gathered together somebody said, "I've been reading a little booklet on salesmanship which is put out by the Armed Forces Educational Institute. It set me to thinking about dentistry and how to apply good sales technique to a dental practice."

"But, remember, there's a Code of Ethics," another dental officer replied. "We can't use high-pressure sales methods and still retain our status as professional men."

"Who said anything about high-pressure sales methods?" came the retort. "That's old fashioned. This book says that the successful salesman does not overwhelm his clients with facts and figures. Neither does he run down his competitors. He merely points out to his clients that some kind of benefit will accrue if they sign on the dotted line."

Somebody interrupted with, "Surely salesmanship isn't as simple as all that. I admit that people can be sold or unsold, depending upon a man's choice of words. But you'd better explain further what you mean."

"I certainly will," the first dental officer said. "The way I understand this book is that most salesmen make the mistake of thinking that people buy what they need. That is not true. They buy what

they *want*. Therefore, the important thing is to show your customer (in our case the patient) how your product will benefit him. The idea is to make him *want* what you have to offer. Our problem is how can we make people want dental care."

With that another officer said, "It's true that we'll have indigents who deserve welfare service, but the majority of Americans seem to have plenty of money for vacations, night clubs, and all the other things they want. You can't tell me that those same people stay away from the dentist because they are unable to afford dentistry."

"That's how I feel," was the reply, "and if there's another let-down in dental practice with many dentists sitting around doing nothing while millions of people who are in need of dental care spend all their money on cars, furniture, and luxuries, we'll have only ourselves to blame. I think our profession needs an organized, unified plan which will notify or educate the public about the benefits to be derived from good dental health."

I thought it was about time for me to contribute to this conversation, so I said to a non-dental officer, "Frank, you were in the advertising business before you entered the Service. Tell us how you think we could 'win friends and influence people' in postwar competition."

Frank said, "I've been listening to you dentists talk about dentistry for a long time and I'll be

darned if I can see your side of the problem at all. From the point of view of an advertising man, you fellows have one of the sweetest setups I've ever seen. From what you say, your services contribute to health, beauty, personality, and they protect the appearance of youthfulness. You can even erase many of the signs of old age. Why don't you fellows let the public in on a few of these closely guarded secrets? Are you ashamed of them? Or do you feel that by being mysterious and surrounding your profession with a lot of mumbo jumbo you can thereby derive a perverted sense of satisfaction? I didn't even know the correct way to brush my teeth until I got a pep talk from one of you dental officers here."

That was pretty rough talk, and one of our colleagues objected, "But, Frank, we can't put out a lot of advertisements that look as if they were designed to sell little liver pills or breakfast food."

Ethical Dental Promotion

"No," Frank replied, "I would not advise a billboard campaign, nor even a magazine and newspaper campaign. Not, however, because such a program would lack dignity, but simply because I think there is a more effective way to accomplish what you want to do. I'm referring to what we in the advertising business call a direct letter campaign. If you're interested, I'll tell you how it could be worked."

Well, you know we were interested, and we urged him to continue.

"Here's the plan, fellows," he said. "Every patient that comes into your office could be given a booklet or pamphlet or letter. It would be a direct letter from you, the dentist, to him, the patient. Such a letter would demand, and receive, complete attention because it would be in the form of a personal communication. You might even want to mail them out. Now, in this letter you could have a friendly chat with your patient and simply tell him some of the things you've told me. I mean simple, uncomplicated things, such as how to brush his teeth, how to protect the health of his mouth. You would have to determine what you want to cover in each of your letters. The important thing to remember is that you stress the value of dental health to his personal well-being. If you fellows could get together and figure out a few such letters and agree upon their contents, you'd soon have the basis for the most ethical program of patient education that ever came down the line."

This plan interested all of us. We organized an economic study club and, in addition to going into the problems of fee presentation, office management, and collection systems, we planned a few letters which we intend to use when we try Frank's program.

15737 Ferguson Avenue
Detroit 27, Michigan

A black and white photograph of a busy street scene in New York City, likely Times Square. The image shows tall buildings on both sides of the street, with vintage cars and pedestrians. A traffic light is visible in the foreground. The photograph is tilted slightly to the right. In the bottom right corner, there is a small, partially legible stamp that reads "NEW YORK" and "APR 1942".

[illegible]

20 BUSINESS PROPERTIES—FOR RENT
For Rent 5,000-Sq. Ft., One Floor
Passenger and freight elevator. Rental
\$200 per month. Phone Mr. Sweeney, CO
3360

31 LOFTS & WAREHOUSES—FOR RENT
Full Warehouse or Manufacturing space

NO ROOM

practice, and dentists are unable to obtain plumbing and heating fixtures necessary to convert the space into operating rooms.

38

Orleans, and Detroit report virtually no space for returning dentists. The results of the survey show that in the smaller cities and towns office space is more easily obtainable.

Government Occupied Offices

One of the main reasons cited for the shortage of office space is the fact that federal government war agencies took over many large

to the war, was available for dental offices, is government occupied. Immediate release of some of this space would, in the opinion of dental dealers, provide considerable relief for returning dental officers.

In many large cities the shortage of suitable dental locations is partly the result of dentists moving from smaller communities and outlying districts into metropolitan areas during the war. Also, civilian

FOR VETERANS

office buildings during the war and continue to occupy them despite the fact that the activities of such agencies have now been curtailed or discontinued altogether. In Atlanta, Georgia, and New Orleans, for example, the Army still occupies a large part of all suitable office space. At the beginning of the war, government agencies in Washington, D. C., not closely connected with the war effort, were decentralized to other cities throughout the country to make room for war expansion. These agencies have not yet returned to Washington. As a result considerable office space in New York, Cleveland, Philadelphia, Chicago, Denver, and other large cities, which, prior

practitioners took advantage of their growing practices to expand their operating facilities. These dentists will not now release their additional space.

In cities whose populations grew rapidly during the war be-



cause of industrial expansion or because of nearby Army or Navy establishments, locations suitable for dental offices were converted into living quarters. With housing projects to provide living quarters for families occupying such space still in the blueprint stage, and with building alterations so costly, landlords and real estate agents collecting high rents are not inclined to reconvert to dental offices. Dental dealers in Seattle report that considerable office space in that area was taken over to house war workers. The same situation exists in Kansas City, Missouri. In the Chicago area, both office and living quarters for returning veterans are in demand. Although the construction of temporary living quarters in this area is being considered, no complete plans have been formulated.

High Rents

In cities where a limited amount of office space is available, the rents or purchase price of such locations are so high as to be prohibitive to most veterans. Dealers in Brooklyn and Long Island report that veterans are paying agents and office building janitors from \$100 to \$300 to secure a location should a vacancy occur. Rents in areas which were less congested during the war often are not controlled by OPA rent ceilings. The demand in such areas for both office and living space is growing, however, with the return of the veterans, and agents are de-

manding rents which a dentist cannot afford.

In Portland, Maine, plans are being prepared for a large professional building to accommodate returning veterans, and dealers in San Francisco report that such a building is needed there. It will be some time, however, before the shortage of suitable dental offices can be offset through the construction of large professional office buildings. In the meantime, some immediate relief is imperative.

Dental Society Clearinghouse

To aid returning dentists eager to re-establish their civilian practices immediately, dental societies could appoint committees to survey the space available and to act as clearinghouses for information to veterans. The Rhode Island Medical Society has established such a committee to aid returning physicians. This committee has issued appeals in the newspapers throughout the state for office space for physicians. By giving specific information, dental societies, through such advisory committees, could save veteran-dentists weeks of time wasted in useless doorbell ringing and hunting for locations.

State dental societies could acquaint veterans with small communities and outlying sections in which, according to the ORAL HYGIENE questionnaires, more space is available at reasonable rents. The societies should urge returning veterans to establish practices in such locations where there is

often a lack of adequate dental service. Dental dealers state that the residents of small towns are more cooperative in finding living quarters and dental offices for veterans than are the residents of the more congested areas.

Dentists in urban areas who have expanded their facilities during the war should be urged by dental societies to rent unused operating rooms to returning veterans temporarily until construction of new buildings can be completed.

Local rent ceilings should be more fairly established and enforced, according to the dental dealers. Where no ceilings exist, they could be put into effect to prevent the exorbitant rents veterans are now being required to pay. Real estate prices should be government controlled so that veterans who wish to purchase property may do so at a fair price.

Priorities for Veterans

In many cities and communities, wartime housing shortages were relieved through the construction of temporary housing projects. Such projects, which can be built in a comparatively short time, could be continued to provide living quarters for families now oc-

cupying space suitable for conversion into dental offices.

Owners of office buildings in good locations which can be enlarged through the addition of added floors should be encouraged to expand and given priorities for construction. Ground floor stores and offices have been converted satisfactorily by some dentists by the installation of glass brick fronts and necessary plumbing.

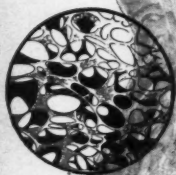
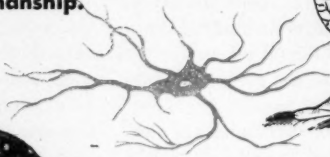
A number of dealers report that dentists are showing an increasing interest in bungalow offices. The government should grant top priorities on material and equipment to returning dentists who wish to build such offices. Also, groups of veterans might find it advantageous from the point of view of cost and of obtaining desirable office space to plan together for the construction of small professional office buildings.

The veteran-dentists who, in re-establishing their civilian practices, are confronted with seemingly insurmountable difficulties in locating suitable dental offices and in obtaining equipment to furnish such space, need the help of the members of the dental profession individually and of organized dentistry as well as any aid which may be granted by the government.

CHICAGO MIDWINTER MEETING

THE MIDWINTER Meeting of the Chicago Dental Society will be held February 11 to 14, inclusive, at the Hotel Stevens, Chicago.

To win public recognition, dentistry must be based upon the science of biology and not on mechanical craftsmanship.



**By CHARLES L. HATCHER,
LL.B., D.D.S.**

Does Dentistry

values, rather than on strictly mechanical attainments.

Despite the laudable and steady progress the profession has made, many doubt we "wear long pants" when we truly and impartially evaluate our activities and achievements. The public in general frequently fails to accept us, as a profession, as an integral part of the health service, staffed by men devoting their lives to the science of biology. The fault lies entirely within the profession, and not with the public, because of the attitude we assume and practice.

Biology may be defined as the science of life. In dealing with biology we must think in terms of life—of living tissue—as well as the extension thereof; also, the application of the many methods which will sustain and prolong life. Such should be the true aim of the dental profession and it is in such values that we often find

SINCE THAT epochal day when medicine disclaimed dentistry, the accomplishments of the dental profession have brought manifold benefits to the human race. Its progress staggers description because of the astounding scientific achievements, almost beyond the realm of comprehension. American dentistry is the undisputed and unchallenged triumph of the founders of the profession—men who were born of rugged individualism, who applied those qualities to their thoughts, and who conceived the profession to be based on biologic

dentists ignorant. Until we accept such a dictum, adequately preparing ourselves and discharging the mission in its fullest conception, the public will not alter their views regarding the profession.

There are two divergent thoughts within dentistry which control its practice; namely, those who believe the profession is based on biologic understanding, thought, and consideration; and

of life—biology—that the human heart, mind, and conscience turn for comfort, guidance, and health. It is only a natural sequence that people turn to those who prepare themselves, and practice such preparation, for the extension of life. As craftsmen, dentists cannot meet the expectations of the human race; but as men who accept biology as their standard of practice, the demands and expectations may

Wear Long Pants?

those who believe the profession is limited to mechanical proficiency with little consideration for biologic laws. If the profession of dentistry fully gains the confidence of the public as an integral part of the sciences and health services, the study and practice must be based on the reaction of tissues to the laws of Nature, the application of drugs and chemicals to the tissues, as well as a more complete understanding of physiology, pathology, and therapeutics in general. Otherwise, the profession will return to the status of a craft which will destroy its identity as a profession.

If we are craftsmen—skilled workers at a trade—we are not dentists; and if we are dentists, we are not craftsmen.

Life is the dearest thing on earth to each person and it is to life that humanity holds. Thus it is to the one who practices the science

be met successfully.

If we impress the public by thought, deed, and action with the idea that we accept the practice of biology as the basic fundamental of the profession, and not mechanics, then we have a right to win and hold their confidence by virtue of cause and merit; if we rely only on the fact that we are skilled workmen engaged in a mechanical trade, then we have no right to expect the public to extend to us their faith and confidence as a profession, able and willing to deal with the sick, distressed, and diseased.

Oral Surgery

As an illustration, the comparison of dental and oral surgery to that of orthopedic surgery is made. These two divisions of the health service have much in common; many cases are correlated, each depending on the other practitioner



for successful end achievements. Both branches deal in surgery and both are forced to use the art of the craftsman—skilled mechanic—to restore function to injured members of the body. There is no question but that orthopedic surgery is one of the most necessary as well as spectacular specialties and it is held in the highest esteem by the public in general. There is no doubt but that in dental and oral surgery one finds it more difficult to achieve equally pleasing results; yet the public seldom has the same admiration for the dentist as for the orthopedist. The reason is that the orthopedist is governed first by the practice of biology, considering the mechanical procedure as a secondary factor in his specialty, while the dentist impresses and forces the conclusion that the mechanical factor is of primary importance in his service. Thus many of us have educated the public to believe that a mechanical procedure, such as the restoration of a decayed tooth in metal, or a prosthesis of metal and other inert material, is more important than the health of the tissues supporting the teeth. The health of the oral cavity cannot be maintained unless we have a thorough knowledge of the mechanism of the body.

The practice of dentistry should be evolved upon the basis of a complete and accurate workable acquaintanceship with the anatomy, physiology, and pathology of the body as well as its metabolism. It should be our purpose to under-

stand that our duty is not primarily a mechanical restoration of an organ emerging from the alveolar processes and supporting tissues, but that we are dealing with viable organs necessary to life and happiness.

Despite the excellent record made by many dentists in the community and political life of the Nation, members of the profession frequently fail to achieve community leadership because we are classed too often as craftsmen and not members of a profession practicing a specialty of the health services. It is true that craftsmen are often, and rightfully so, leaders in the life of their community, and there is no attempt made to disparage the honor of their calling; but no craftsman can sustain and retain the love of his fellows as can one who deals in the science of life—biology. People have confidence in men who deal with life and death that belongs only to those experiencing that understanding. It is up to dentistry to become worthy of that honor and dignity.

It is true that in the past years dentistry has seen her sons in many honored places in public life. Today we have one dentist who serves as a governor of a state, another as secretary of a state, while another serves as a United States senator. It is doubtful if any profession, other than that of law, can claim this distinction. Dentistry merits the confidence of a grateful people for dentistry has served

magnificently during the years of its short life; yet how much broader might be the field of public service if we apply our thoughts to biology—the science of life—as our fundamental obsession rather than thinking in terms of mechanical knowledge.

The public relations of dentistry as compared to kindred professions are not lagging but are on the upward and onward march; yet we are in our toddling clothes

when we dissect and discern our opportunities for public and civic service. Let us aspire to continued growth but only on the basis that we are first of all physicians within a highly developed specialty of service to the human body. When these concepts are achieved and practiced, then, and then only, shall we begin to “wear long pants.”

1103 Cedar Hill Road
Dallas 8, Texas

PREDICTS GOVERNMENT EXPANSION INTO HEALTH SERVICES

IT IS EVIDENT that the war has accelerated the trend of governmental assumption of responsibilities for health services. But the influence of the war will probably be far greater through its ultimate social and political consequences. The probable outcome has been predicted by many, from those who envisage the arrival of the “American Century” to those who look forward to the “Century of the Common Man.” Whatever may happen in the United States, no one expects to see a return to the *laissez-faire* economic and social policies that led to worldwide depression and finally to World War II. The Four Freedoms can hardly be assured by such a course. In the field of health, it is more than likely that we will see a wider extension of preventive and therapeutic services under governmental auspices than we have ever seen in the past.—*Bulletin of the History of Medicine*.

LOCATIONS FOR VETERANS

EARLE CRAIG, D.D.S., Secretary of the Odontological Society of Western Pennsylvania, ran a want ad in Pittsburgh newspapers reading:

WANTED—Office space suitable in Pittsburgh or Western Pennsylvania for dentists returning from Service. Call or write. Odontological Society of Western Pennsylvania, 206 Jenkins Building, AT 1180.

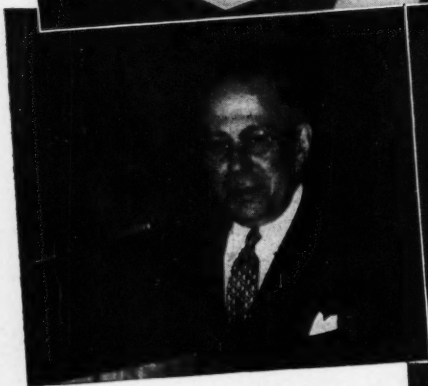
As a result of this advertisement, Doctor Craig has placed five returning Dental Corps members, three of these with other dentists.

*Portraits
and Profiles*
OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



Former American Dental Association trustee from Illinois, Howard C. Miller.



Secretary of the American Dental Association Harry B. Finney.



Two Walters from Texas: Newton, and President Scherer of the American Dental Association.

Periodontists meet: Edward L. Ball, Balint Orban, B. Gottlieb.



W. Zilman, Buffalo, and James V. Santilly, Cleveland.

Trustee from Youth District, Lieutenant Colonel Russell A. Sand.



Dentists in the News

The Journal of the Canadian Dental Association: The Honorable Gaspard Fauteux, of Montreal, has been appointed to the position of Speaker of the Canadian House of Commons. He is the first dentist to hold such a position in the Canadian federal government. Doctor Fauteux was elected to the provincial legislature in 1931 and to the House of Commons in 1942.

New York (New York) World-Telegram: Captain David H. Roistacher (DC), former Baldwin, Long Island, dentist, has been awarded the Bronze Star Medal for outstanding service with the 37th Infantry Division on Luzon. Captain Roistacher voluntarily served as an anesthetist for an advance surgical platoon. He also aided combat troops by treating emergency patients and by making and repairing dentures for soldiers in the front lines.

Philadelphia (Pennsylvania) Inquirer: Doctor William L. Kapa, a Manayunk dentist, is probably the world's



champion football fan. Sandlot, high school, college, or professional—Doctor Kapa sees them all. In 1940 he saw fifty-five football games. His status in football has always been strictly ama-

teur up until this fall. At a high school football game recently, however, the head linesman failed to show up. The teams' coaches pressed Doctor Kapa into service . . . "Which would have been all right," quipped Referee Jack Glascott, "but Doctor Kapa got paid for it. He's lost his amateur standing!"

Army and Navy Journal: Captain Robert E. Moyers (DC) has been made an Honorary Member of the Order of the British Empire by the Earl of Halifax. He received this honor in recognition of his services in organizing underground resistance against the Germans in Greece and in organizing relief and medical services for the Greek people after the German surrender.

Indianapolis (Indiana) Nuggets: While serving in the Marianas Islands, Captain Charles B. Silberstein (DC) provided Captain William F. Busch with a unique souvenir to bring home. When the dental officer lacked materials to repair Captain Busch's broken front tooth, he made a gold backing from Japanese coins and a tooth from a piece of plexiglas taken from a plane turret. Inserted behind the plexiglas is a tiny photograph of Mrs. Busch.

Philadelphia (Pennsylvania) Record: A letter from President Truman expressing appreciation for his Victory Loan song "Buy a Victory Bond" has been received by Doctor William B. Richter, Philadelphia dentist. Doctor

Richter's song is the official theme for the Victory Loan Drive in the Philadelphia area.

Sonora (California) Union Democrat: When Governor Earl Warren signed the Bill that made Columbia, historic ghost town of Tuolumne County, California, a part of the State Park System, Doctor James C. McConnell, local dentist and Chairman of the Columbia State Park Committee, was one of the enthusiastic witnesses. Doctor McConnell was active in formulating plans to have Columbia accepted as a State Park in order to preserve its colorful history, and was one of the speakers at the dedication program.

Philadelphia (Pennsylvania) Record: Doctor Martin Entine, a Philadelphia dentist who has been experimenting with plastic restorations, was called upon recently to make a prosthetic appliance to replace a lung and the ribs removed from a patient by Doctor Charles Bailey at Hahnemann Hospital. The chest cavity resulting from the operation required an appliance to keep the remaining lung in position.

Doctor Entine took an impression with hydrocolloid material, heavy wire mesh, and a plaster matrix. The re-

sultant appliance is an inflatable rubber bag with a hard rubber shield that permits pressure from the bag to be exerted in three directions only. The inflated rubber bag is fastened to the outside of the chest, fitting the depression left by the removal of the ribs and lung. It enables the patient to cough and to expectorate mucous without the assistance of an aspirator by keeping the remaining lung in position and giving it the compression required.

Charleston (South Carolina) Evening Post: For the first time in the 44-year history of the Pinehurst, North Carolina,



link classic, an amateur, Lieutenant Cary Middlecoff, Memphis, Tennessee, dentist, won the North-South open golf crown. Lieutenant Middlecoff, a hospitalized Army dental officer, stroked a 10-below-par 280 to lead the professionals. He won a medal and a \$100 War Bond.

Awards for items published in DENTISTS IN THE NEWS this month have been sent to:

GEORGE D. ROUSE, D.D.S., P. O. Box 840, Charleston, South Carolina.

MANDEL BERGMAN, D.D.S., 1417 Avenue K, Brooklyn.

ALICE SCHEFFLER, 1035 Churchman Avenue, Indianapolis 3.

ALICE MAGUIRE, 431 East Girard Avenue, Philadelphia 25.

DOROTHY HESS, 2738 North Mascher Street, Philadelphia 33.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Who Wants UNIONS in Dentistry?

**Dentist suggests alternative to unionization
among laboratory technicians.**

**By DOUGLAS W. STEPHENS,
D.D.S.**

THE OTHER day I walked down our main street. The sidewalk was blocked by two pickets carrying large placards. On one was printed, DOCTOR XYZ IS UNFAIR TO DENTAL TECHNICIANS. WE WANT A LIVING WAGE, the other sign read.

I went to see my own laboratory technician in a nearby building. Only one of his helpers belonged

to the union and he was out on strike. I learned that the situation was not bad in this city with its population of 250,000. Only eleven men were unionized and they had struck not for a living wage but for the same wage with shorter hours.

I talked with other dentists. Most of them joked about the strike. Only the "ad men" were having difficulty. "Serves them right," one

dentist said. But can we pass it off this easily? Could this be only the beginning? Are we, as dentists in one of the most specialized branches of health service, forgetting that we are a profession? Are we forgetting that the laboratory technicians are also part of this profession? In talking to other dentists at the state dental society meetings, I found that few were aware of the dangers unionizing may bring us.

Dentist and Technician

In dentistry's early days, most dentists did their own laboratory work; but today, especially in the larger cities, the laboratory technician and the dentist function together; each depending on the other for his particular knowledge of dentistry. It is not that most dentists could not perform the duties themselves, but we have progressed to a point where more and more of our service is given at the chair. The dental technician, following our prescriptions, performs certain steps of our service for which we either have no time or which we feel a highly trained specialist could do as well.

You might call this change evolutionary—an advancement to a higher level. We have grown up, and with this development we have needed capable assistance. If we are grown up, however, we must be men who are able to regulate our own profession. In some things, I say, we have not shown this mature thought. We have al-

lowed our dental assistants and laboratory technicians to grow without much help or supervision from the dental profession which is leaning more and more on their assistance.

And now a change that we do not want to see is taking place. The dental laboratories have been going through a period of prosperity. They have been making money—more money than they ever made before. The big unions that have seen this want their cut, and they plan to have it.

We of the dental profession and the public are the ones who are going to be hurt. We are going to be free no longer. The day may come when the dental technicians' union will demand that we ourselves join the union if we perform any laboratory duties. Sounds strange and fantastic, doesn't it? Yet twenty years ago no one believed the unions would have the strength they now have.

The dental assistants will be next. They will tell us what hours they will work, what pay they must receive, and what type of service they will perform.

What can we do to stop this before it is too late? I said we are a profession. The dental laboratory technicians and the dental assistants are also professionals—junior associates to be sure, but professionals just the same. The unions, however, will declare them only a trade unless we step in and change things.

How can we do this? There is

only one way: The technicians and assistants must be licensed as the medical profession licenses the registered nurses and, in some states, the chiropodists and optometrists. We must supervise their education and see that they are properly trained. State Boards must be formed to examine them and see that their interests are protected.

Does this sound like merely unionizing under a different name? If it does, then let us explain that we are not against the principles of unionism. Their objects basically are to see that the rights of the working man are protected. But this is where a trade union differs from a profession. A profession has a far higher purpose. We, in the dental profession, do not think only of ourselves and the money we are to make, but of the people we are to serve. Our first duty is to the health of our pa-

tients. That we must make a fair living while we are performing this duty is secondary.

What if the medical profession struck, or if we decided to lay down our instruments? Sickness, suffering, and death would follow. The laboratory technicians and dental assistants are closely interwoven with our profession. They should be given the same protection we ourselves have.

It is up to us to aid our junior colleagues. We of the dental profession are the ones who must see that a solution to this problem is developed. Are we going to be leaders in our field with strength to regulate it, or are we going to let some selfish lay group, interested only in extracting dues, control our junior associates of the dental health profession?

420 Locust Avenue
Long Beach, California

RELEASE OF ARMY MEDICAL DEPARTMENT PERSONNEL

More than one-seventh of the dental officers in the Army have been returned to civilian life since V-E Day, according to an announcement by the War Department. Releases have also been given to more than one-fourth of the medical officers and one-third of the nurses.—*Army and Navy Journal*.

THE COVER

PERCY C. LOWRY, Detroit, the well-known prosthodontist, and James V. Gentilly, Cleveland dentist, meet to compare their skill in magic. *Photograph by Howard A. Hartman, D.D.S.*



So You Know Something About Dentistry!



QUIZ XVI

1. Does calcification of enamel proceed from the dento-enamel junction outward?
2. Improper use of sodium perborate in the mouth may cause (a) chemical burns, (b) decalcification, (c) attrition.
3. Where are undercuts most prominent in the maxilla?
4. What is the main constituent of the liquid portion of the so-called zinc phosphate cements?
5. The greatest need for partial denture service in women is between the ages of (a) 20 to 29 years, (b) 30 to 39 years, (c) 40 to 50 years.
6. An epulis generally originates from (a) periodontal membrane, (b) alveolar bone, (c) cementum.
7. What teeth are most frequently missing because of congenital reasons?
8. What do the letters A, B, and C mean with reference to inlay casting golds?
9. Is it possible to remelt a good gold alloy without seriously changing the proportions of the constituent elements?
10. Can dental caries be produced in extracted teeth?

FOR CORRECT ANSWERS SEE PAGE 65

So You're Back

From Service



By **FRANKLIN A. TYLER, D.D.S.**

The problems a veteran-dentist encounters in reestablishing his civilian practice.



ONLY IF one is suspicious by nature will he try to analyze the remarks that greet him when he returns from Service. A trite observation will usually be the first greeting, "So you have returned from Service." The tone of voice will indicate whether the speaker is satisfied with your successor, or hopes that you have no disability, or, as is generally the case, is genuinely pleased at your safe return.

One of the first problems confronting you will be locating adequate office space. Then, too, it will be found that storage has not been kind to equipment, and replacements will be necessary. Priorities may be secured by returned servicemen but too much must not be expected. The mechanic who used to show such skill in repairing, installing, or adjusting all equipment will probably be in Service, so it will be necessary to learn to take care of your own equipment, or part of it anyway. A slight working knowledge of a paintbrush may be acquired, and a hammer and screw driver may likewise prove to be not the least

important instruments in a dental office in these times. The camp utility shop which made so many useful gadgets will be remembered and missed.

A shortage of nurses will be all too evident, and experienced dental assistants who are making high salaries and enjoying shorter hours in nearby stores and industrial plants will be reluctant to change positions. They probably will be enjoying deserved advantages, but that fact will not be appreciated when the returned dentist finds that he must continue instructing dental personnel.

The reception among one's colleagues will vary to an astonishing degree. Members of the profession known only casually will write gracious letters, offer the nicest courtesies; endeavoring to convey the impression of sincerely welcoming back one who has made a real contribution. Intimate friends in the city dental society and study club will rally just as expected, and this will be gratifying. Some well-wishers of the allied professions will be most effusive in their welcome and enthusiastically promise

to refer so many patients that lunches will be out of the question. No comment is necessary on this last group, and one may accurately guess how many patients will be forthcoming from that source. Strangely enough, there will be slight curiosity, professional or lay, as to where a dental officer served or the nature of those services. Once the welcome is over, one cannot expect too much from his colleagues.

Attitude Toward Service

As a civilian again it would be an excellent idea to speak well of any "brass hats" with whom an officer has served, regardless of what may be thought of the executive ability or professional skill of a few. One may recall the best, and there are a number of grand fellows and fine dentists, and it will do the Service he represented no harm. Do not mention the inexperienced Lieutenant who did not show enough ability to warrant a recommendation; he may be a Colonel now and considering a location in the adjoining suite. One may remember that the National Guard, Reserve, and civilian dentists made no small contribution in a national emergency and take

much satisfaction from the thought. Continue with the Reserve, if at all possible, even though you may feel that you were "sold down the river," for it may be the means of developing a better Reserve Corps and possibly correcting an unfortunate situation.

The profession will evince mild curiosity as to what a dentist has learned or reviewed in Service. Flying time may be omitted but it would be all right to relate studies in anesthesiology; the methods of reduction and fixation of many fractures; the efficacy of deep nerve blocks; the importance of case histories worthy of the name; and the large number of acute infections including numerous cases of cellulitis of the face and jaw. If one is candid he will tell of the advantages or defects of the various types of equipment and instruments in use in the armed services.

Opportunities for service in civilian life will be unlimited and a returned dentist will be expected to do his part as enthusiastically as when he wore the uniform. The adjustments which were necessary to becoming a valued part of the military establishment must be just as readily accomplished in a changing civilian world to which he now returns.

You may be back from the Service, but you are beginning another "hitch."

715 Medical Arts Building
Richmond 19, Virginia





Dear Oral Hygiene

A Veteran Comes Home

I read your editorial in the November issue of ORAL HYGIENE¹ with great interest. I am in favor of an organization of Service dentists, as I am much dissatisfied with the "help" provided by the American Dental Association.

I returned in April, after three years of active duty as a captain, to find that my practice had been divided up among the stay-at-home *pay-tries*. I met many of my former patients who had had dentures made while I was away. In some cases they were quite unnecessary, in my opinion, but the patients were victims of high-pressure salesmanship.

Another point is that, after three or more years, a mailing list of large city addresses is obsolete because of removals, marriages of women patients, and other reasons. New York State will not permit the use of paid announcements, even of name, address, and telephone number, by a returned dentist. So after six months since resuming practice, I still have many former patients who don't know I am back and who continue to visit the dentists who were smart enough not to let patriotism inveigle them into accepting a commission in the Army or Navy.

I should have known what I would find after my return, as this is my *second* war and I had the same difficulty after World War I.

When I knew I was about to be re-

leased from duty, I entered into correspondence with the President-Elect of the New York State Dental Society, and with the New York State Board of Dental Examiners; trying to get permission to run an ethical card in papers for sixty days. The permission was not granted.

Some dentists will return after four or five years in Service and their problem will be even worse than mine, as their mailing lists will be still more obsolete—and the *pay-tries* will have an even firmer hold on their former patients.

I am sure that our problem would be simplified if we could have a reasonable length of time in which to use ethical cards in daily papers. The New York State Dental Society has failed to overcome this prohibition. Perhaps a new organization of Service dentists could solve the problem.—A VETERAN OF THE ARMY DENTAL CORPS.

Left-Handed Toothbrush?

For three years I have tried to please Miss X who is undoubtedly my most exacting patient. When nothing I can do will please her, I begin to feel guilty, though probably this is only an inferiority complex.

Last week Miss X called me up at 8 a. m. when I arrived at my office and told me she had just purchased a new toothbrush and was having difficulty with it. She was distressed because she could not brush the teeth in her left jaw. After finishing the right side, the

¹Editorial: Days of Confusion, ORAL HYGIENE 35:1936 (November) 1945.

brush was upside down. She wished to know whether or not she should transfer the brush from the right hand to the left, and whether that would take care of her difficulty.

I am frank to say that I was not able to help Miss X. Is there such a thing as a left-handed toothbrush?—J. FRED EMERSON, D.D.S., 720 Medical Arts Building, Baltimore 1, Maryland.

PRIZE-WINNING STORIES REFLECT DENTAL LIFE

ALMOST \$4000 in awards have been won by dental writers in the monthly ORAL HYGIENE contest in which the author submitting the best story published each month receives a \$100 prize. Other acceptable articles are paid for.

Dental officers, civilian dentists, dental assistants, and dental hygienists, have been awarded prizes for a wide variety of stories. "What I Want When I Resume Practice" is the subject of a timely story by a captain in the Army Dental Corps who will be coming home soon; and a dental assistant has expressed her point of view on jobs for service-women. The moving story of C. Edmund Kells, pioneer investigator of x-rays, earned the author a prize. One dentist described his rugged life on the Yukon, another offered his reasons for the failures in dentistry, and a forward-looking dentist contributed a retirement plan.

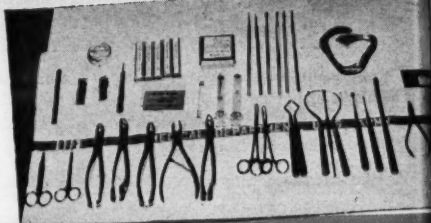
If you don't have a gift for feature writing you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.
2. Set down your ideas in simple, direct, forceful language without literary flourishes.
3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Veterans want priority in obtaining instruments and equipment like that shown in illustrations.



WHO WILL GET THE SURPLUS DENTAL PROPERTY



By GEORGE B. FRITZ

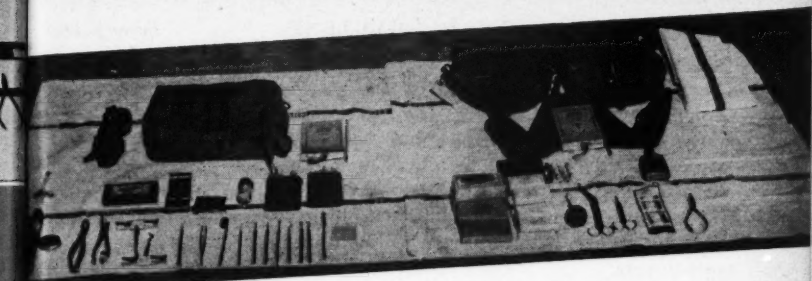
A CONSIDERABLE volume of dental equipment and supplies, acquired during the war by the armed services and government agencies, eventually will be released for sale. No one knows how much material is involved or when it will

Veteran-dentists do not have top priority in the purchase of surplus dental equipment under present government disposal system.

be sold; and no one, in or out of the government, will even hazard a guess.

Neither can anyone predict the period of time over which the disposal process will stretch. While it is conceded generally that the government will not repeat the disastrous error of dumping supplies all at once, as it did following World War I, it is not known yet whether surplus sales will be extended over a period of six months, a year, two years, or longer.

It is known, however, that nearly all types of dental property will be declared surplus; including chairs, units, cabinets, x-ray machines, laboratory equipment, investment materials, cements and restoration materials, amalgam pluggers, mouth mirrors, and



scores of similar items. Schools and hospitals will be able to buy textbooks, desks, "movies" for teaching purposes, and even sewerage pipes for sanitary departments.

It is known also that most of the property destined for disposal will come from the Army and Navy, which between them own by far the greatest bulk of dental equipment accumulated during the war. The U. S. Public Health Service probably will have little or nothing to offer. What it now owns it plans to retain for use in expanded peacetime dental operations. Public health dental officers used equipment belonging to the War Shipping Administration, the Coast Guard, and other units, while the war was on, and presumably some of this property will be declared surplus.

Except for small amounts here and there, little dental equipment had been sold at surplus sales up to the first of December, and government officials were not prepared to say when materials would begin to move in substantial volume.

When they do start to flow, who will get them? What privileges will be extended to the discharged

dental officer, to the civilian practitioner?

Priorities for Dentists

As matters stand today, the picture is not encouraging so far as the dentist is concerned. In terms of priority, the dentist veterans rank third in a list of four favored groups, and dentists who have had no military service enjoy no preference at all. Priority is granted in this order:

1. Federal government agencies (such as the Veterans Administration).
2. State and local government agencies (including boards of health, state, county, and city hospitals, orphanages, penal institutions.)
3. Veteran dental (and medical) officers.
4. Nonprofit institutions (hospitals and schools).

The Surplus Property Board feels that this schedule of priorities is justified by the language of the Act of Congress authorizing the disposal of surplus goods. The Act provides that health care property shall be distributed in a manner that will contribute most to the public health of the Nation. More-

over, the law specifically states that federal agencies shall have first choice of surplus health goods. The administrators believe that the public health will be served best by routing dental and medical property to government units and institutions rather than to private practitioners.

Protest Against System

However, the American Dental Association, through its War Service and Postwar Planning Committee in Washington, has lodged a vigorous protest against the priority system. Doctor C. Willard Camalier, the Committee's chairman, says the American Dental Association is convinced that veterans should get top priority for three reasons:

First, they are entitled to it by virtue of their military service, with its attendant financial and other sacrifices; including the possible permanent loss of prewar patients to civilian dentists.

Second, individual dentists will be in a position to use surplus materials to best advantage because they will be serving the public directly. Granting that government and nonprofit institutions are capable of excellent service, the fact remains that there is no substitute for the intimate dentist-patient relationship.

And third, Section 2 of the Surplus Property Act of 1944 states that one of the goals of the law is to "afford returning veterans an opportunity to establish them-

selves as proprietors of agricultural, business, and professional enterprises."

Doctor Camalier points out, moreover, that veterans can be given first choice of equipment without interfering in the slightest with government and institutional requirements since the demands of demobilized dental officers will probably not be unduly heavy. Of the approximately twenty-one thousand dentists commissioned, not more than eight to ten thousand will be in the market for surplus supplies, he estimates. He adds that the number may be considerably smaller.

Many veterans, he feels, will need some equipment, but will prefer to buy it new through commercial channels rather than accept the secondhand items offered at surplus sales. He believes, however, that there may be a brisk demand for surplus property that is brand-new—particularly for such items as chairs, units, cabinets, and other expensive equipment. (Much goods purchased by the armed forces has never been used. In some cases, materials are still in their original packing crates, never having been opened.)

Higher Priority for Veterans

Unless existing regulations are altered, veteran dental officers may never gain access to this equipment because federal, state, and local governments may exercise their priority rights to absorb it all—or at least the more desirable

goods. It would not require an amendment to the Act to achieve a more favorable status for veterans. The crux of the matter is the interpretation of what best contributes to the public health. Veterans could be moved higher up the list if the Surplus Property Board were persuaded that private practitioners could serve the public more intensively than government agencies and institutions. But there does not appear to be any immediate prospect that the Board will change its present policy.

"What we are up against," Doctor Camalier says, "is the tendency in Washington to think in terms of government convenience rather than in terms of individual dental practitioners. The result, obviously, is that agencies are being favored at the expense of the private dentist.

"On the other hand, dental supply dealers and manufacturers have assured us that they will co-operate with our effort to win an A-1 priority for veterans. This, of course, will prove beneficial to the trade as well as to us, because the chances are that the demand for equipment will exceed the available supply once dental officers begin to be released from the Service in a steady stream. Dentists will also regard this policy as a gesture of good will on the part of dealers and manufacturers."

Although regulations governing the disposal of surplus property have been coming out of Washington since early summer, the situa-

tion was still so chaotic by November that Doctor Camalier's Committee was advocating that all dental surplus property be frozen until an orderly distribution procedure could be devised. Red tape is at least partly responsible for the confusion. Half a dozen government agencies are connected with the disposal of surplus property.

Procedure to Follow

The unit with which the dental officer is most concerned is the Smaller War Plants Corporation, the disposal agency for professional and business enterprises valued at \$50,000 or less. The first step for the veteran seeking property is to visit the nearest Smaller War Plants Corporation regional office (there are 97 throughout the country), where he will be given a certificate showing that he has been honorably discharged, and is therefore eligible to purchase surplus goods on a priority. He takes his certificate to the nearest Reconstruction Finance Corporation office, which advises him which items are available, and sells them to him directly. The veteran pays for his purchases with a money order or a certified check; if necessary, time payments can be arranged.

No Discount for Veterans

The matter of price is unsatisfactory. It is true that veterans will be offered surplus property at so-called "fair value," defined as a

(Continued on page 66)



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

NO DEPRESSION FOR DENTISTS

IF EVERY one of the 70,000 dentists in the United States worked eight hours every day it would take five years to care for the *accumulated* dental needs of the American people. Add to this present accumulated total the annual increment of dental disease and it would require two extra hours each day in treatment. It would require, then, 70,000 dentists working ten hours a day for five years to care for the accumulated dental needs and to keep up with the annual dental morbidity.

According to the U. S. Public Health Service, 22,500,000 permanent teeth become carious each year. There is no valid estimate concerning the incidence of periodontal disease that requires treatment, although from what we observe in practice the prevalence of supporting-tissue disease is widespread and few people receive adequate treatment.

Surgeon General Thomas Parran of the U. S. Public Health Service, appearing before a Senate committee, made these estimates of the accumulated dental needs of the total population, and the average services required by each person compared with the amount of services received by each person:

| | Total Need for Entire Population | Required for Each Person | Received yearly by Each Person |
|----------------|-------------------------------------|-----------------------------|-----------------------------------|
| Extractions | 238,500,000 | 1.9 | 0.3 |
| Restorations | 632,000,000 | 5.0 | 0.4 |
| Crown & Bridge | . | | |
| Prostheses | 37,500,000 | 0.3 | 0.04 |
| Dentures | 20,000,000 | 0.2 | 0.01 |

Estimated Time: 800,000,000 hours of time by dentists to execute these procedures.

Regardless of the economic dislocation that has been predicted for this winter and spring dentists should expect no lack of patronage. Most of the people who will be temporarily out of work during the transition from war to peacetime production have resources either in the form of enforced savings of war bonds, money in the bank, or unemployment compensation. A good many of the people returning from military service have more money than they had at any previous time in their lives. There is, therefore, sufficient money available for the public to pay for dental care. Until consumer goods are available in large quantities people will be inclined to continue to spend for dental care as they did during the war prosperity. When consumer goods are available people may be expected to shift some of their earnings into those purchases. Such purchases in turn stimulate business, make jobs and money available: this cycle bolsters the dental market the same as all markets. The end result is demand for dental care. The sanguine economists say that prosperity should last about five years after normal production is resumed.

So far our shift from war to peace production has been made with relative smoothness and without the disorders that were predicted by our forecasters. In fact, despite strikes, many products have appeared on the market long in advance of the time expected. It is inconceivable that the country will tolerate bread lines, civil disorders, and silent factories in the period when so many people are in need of so many things. This is not a Nation that will accept a needless depression between war and peacetime production. The resources we have, the economic needs and demands are present, money is available. Again we may be reminded that "the only thing to fear is fear itself." In this case it would be a lack of faith in the future of the American economic system.

Edward J. Ryan

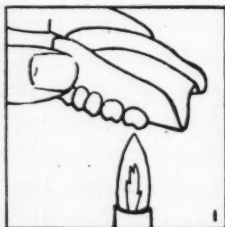


Technique of the Month

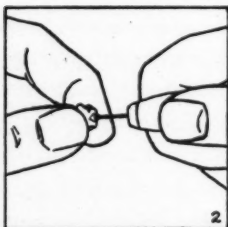
Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

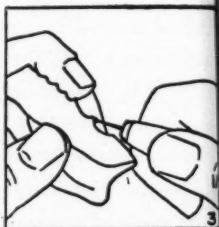
"Jumping" a Denture



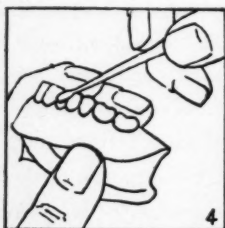
By use of flame, remove teeth from denture.



Clean teeth thoroughly, removing all of the old denture material.



With a bur, remove from the denture all material that retained the teeth.



Place teeth back in sockets of denture. Run a little wax around teeth to retain position. Wax up defects and deficiencies of old denture.



Try denture in mouth to check occlusion.



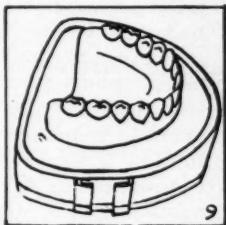
Using impression wax, proceed to reline denture.



With denture in place in the mouth, make muscle correction.



Pour model in stone.



Flask (and tinfoil if case is to be processed in plastic) as for a new case.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XVI

(SEE PAGE 53 FOR QUESTIONS)

1. Yes. (Orban, Balint: Oral Histology and Embryology, 2nd Edition, C. V. Mosby, page 5)
2. (a) chemical burns. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 166)
3. Inciso-cuspid area and tuberosity regions. (Miller, R. G.: Synopsis of Full and Partial Dentures, C. V. Mosby, page 20)
4. Phosphoric acid. (Accepted Dental Remedies, 10th Edition, American Dental Association, page 23)
5. (b) 30 to 39 years. (Tylman, S. D.: Crown and Bridge Prosthesis, C. V. Mosby, page 19)
6. (a) periodontal membrane. (Mead, S. V.: Diseases of the Mouth, 5th Edition, C. V. Mosby, page 843)
7. Upper permanent lateral incisors and third molars. (Kronfeld, Rudolf: Histopathology of the Teeth and their Surrounding Structures, 2nd Edition, Lea & Febiger, page 26)
8. A-soft, B-medium, C-hard. (Tylman, S. D.: Crown and Bridge Prosthesis, C. V. Mosby, page 684)
9. Yes. (Skinner, E. W.: The Science of Dental Materials, 2nd Edition, Saunders, page 246)
10. Yes, by keeping the teeth bathed in saliva. (Gottlieb, Bernhard: A New Concept of the Caries Problem and its Clinical Application, J.A.D.A. 31:1605 [December] 1944)

WHO WILL GET THE SURPLUS DENTAL PROPERTY?

(Continued from page 61)

price no higher than the lowest trade level existing at the time of sale. In practice, this is equivalent to the manufacturer's price. But state and local governments and nonprofit institutions are also entitled to a 40 per cent discount. Federal Security Agency Administrator Watson B. Miller hailed the order authorizing the discount as an instrument to "bring small and less favored communities in line with those better endowed" by permitting their institutions to "acquire greatly needed facilities and equipment at a substantial discount." He added that "This regulation is a practical demonstration of beating swords into ploughshares." The American Dental Association believes that an even more telling demonstration would be to make the ploughshares equally available to individual dentists. A move, supported by the Public Health Service Utilization office, is now under way to obtain a similar discount for veterans.

Of immediate concern to Doctor Camalier and his Committee is the danger that surplus equipment might be released before an orderly disposal procedure is worked out. Such fears are not without foundation. There have been instances in which an owning agency has declared certain items surplus,

changed its mind twenty-four hours later, and then has withdrawn the goods from sale. On other occasions prospective buyers, advised that items had been released for sale, have visited the disposal agency only to learn that the announcement was a false alarm, and that no goods were being sold. If this kind of confusion persists, and if present regulations are not revised, dentists returning from military service are likely to be by-passed when surplus goods are sold.

The orderly arrangement envisioned by the American Dental Association's War Service Committee calls for top priority for dentists plus the same discount privileges now granted to state and local governments and nonprofit institutions. Until these goals are achieved, Doctor Camalier's Committee recommends that the Smaller War Plants Corporation hold all dental equipment and supplies in escrow. In the meantime, the Committee is in close touch with the appropriate government agencies, and it has sent statements outlining the American Dental Association's stand to President Truman and to Surplus Property Administrator W. Stuart Symington.

210 East University Parkway
Baltimore 18, Maryland

ORAL HYGIENE AWARD

GEORGE B. FRITZ wins this month's \$100 ORAL HYGIENE award for the best article published in this issue, WHO WILL GET THE SURPLUS DENTAL PROPERTY?



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Pulp Stones

Q.—I have a patient, a young woman, who has what I diagnose as pulp stones in most of her teeth. What is the final outcome if these continue to grow?

What can be done other than extracting the teeth in case of severe pain? If the patient suffers no discomfort, is it not best to leave them alone, or can anything be done?—J. D. W., California.

A.—The cause of pulp stones is not thoroughly understood. Certainly there is no way to eliminate them after they have formed except by extracting the teeth or by root canal therapy.

Many people carry pulp stones in their teeth during a long lifetime and apparently suffer no harm or discomfort from them.

We find that in most cases it is time enough to do something about them if and when they do cause pulpitis or the death of a pulp by strangulation. There may be rare cases in which the extraction of all teeth containing pulp stones is justified; for example, if a patient is acutely sensitized to dental infection in such a way that the eyesight, heart, or some other vital organ, is affected and a physician feels that every possible source of infection must be eliminated from the mouth.—V. CLYDE SMEDLEY.

Rampant Caries

Q.—I have a patient, a boy 11 years old. His teeth decay rapidly. All of his deciduous teeth had restorations. I thought perhaps his permanent teeth would be better, but they are not.

This boy has had several physical examinations and everything appeared to be all right. He visits the dentist every four months and has at least eight or nine cavities at each visit.

Is there any treatment that I could advise the parents to give this boy to help the carious condition? Any information would be greatly appreciated.—S. A. P., Wisconsin.

A.—These young patients with rampant caries, such as the 11-year-old boy described in your letter, are certainly a problem that we, as a scientific profession, should be able to solve. Yet there is no unanimity of opinion among the profession as to whether this condition can be best combatted by keeping these areas clean or by diet, as exemplified by the debate in New York in 1933 where both sides were ably represented by leading members of our profession, but no decision was reached.

It would appear, therefore, that in an acute case such as you have, the logical procedure is to prescribe and do the best we know along both lines of thought. Certainly we know that no harm can result from persistent and efficient

cleanliness. Your patient should come to you every month if necessary and you should drill and re-drill him on his daily care until between you his teeth are kept free from an accumulation of food and plaques. And at the same time he should adhere to a diet that is best calculated to furnish an adequate amount of bone-building elements with the necessary activator foods to aid assimilation. Ordinarily such a diet should include a quart of milk a day, green vegetables, whole grains plus wheat germs, butter known to be rich in vitamin A, or cod liver oil, and plenty of sunshine.

The Michigan University group and Doctors Becks and Wainright of the University of California have shown that a high *Lactobacillus acidophilus* count is a rather constant factor in cases of rampant caries and that such a count often, if not usually, obtains in a high carbohydrate diet. Therefore they make the count and if it is high they put the patient on a low carbohydrate diet for two weeks and then make another count. If the count is down, and it usually is, the diet is gradually restored to the amount of carbohydrate necessary for good health. Counts are made from time to time and the diet adjusted as required. With the count down the evidence of caries decreases. As you are probably not prepared to make these counts, either the Department of Health of your state or the Dental Department of the University of Michigan will make them for you.—V. CLYDE SMEDLEY.

Opening the Bite

Q.—Enclosed are casts of a case in which I would like to open the bite. What would be your procedure in this case? Some of the teeth may have to be removed. Do you use a temporary splint? If so, for how long, and what is the technique in obtaining a correct relationship before making one?—G. R. A., Kansas.

A.—To open the bite in this case I would make an acrylic splint to match the natural teeth, opening the bite the desired amount. I would use pink acrylic for the palatal portion and round steel wire buccal clasp wings on bicuspids and molar as indicated on your cast.

In making these open bite splints I make a trubase wax bite plate overlaying the abraded teeth and have the patient chew on it, going through all possible jaw excursions until the bite is established at the correct opening. Now curve the baseplate wax to correct tooth form and process it in acrylic. Fit it into the mouth, perfect adaptation to teeth and occlusion, and have the patient wear it for several weeks; checking and adjusting occlusion from time to time until you are sure that you have correct opening and balance. Then start restoring teeth with inlays, crowns, or bridges as indicated, cutting out sections of the splint as you proceed with each individual restoration. This is a big job but it can be done accurately and with a minimum of inconvenience to the patient in this way.—V. CLYDE SMEDLEY.

Sulfathiazole Reaction

Q.—In reading your reply to the letter under the heading "Procaine Re-

action" in the July ASK ORAL HYGIENE, I remembered that I have had in the past a similar case, but instead of the patient "gasping for air," he felt extremely dizzy at midnight after he had a tooth extracted the same day.

In looking back I recall that I, too, inserted some fragment of a sulfathiazole tablet into the socket of the extracted tooth.

To me it seems that not the procaine was at fault but the absorption of the sulfathiazole by the patient. Not everyone can take sulfathiazole without any untoward consequences. Hence, I do not agree with the physician's theory of an "angiopasm due to the procaine solution." More likely it was the result of the toxicity of the sulfathiazole.—H. E. P., Ohio.

A.—Thank you for your letter in which you cite a case similar to the one given in ASK ORAL HYGIENE of July.

We know that people become sensitized to sulfathiazole tablets after having taken them over a period of time, but I have not known of an unfavorable reaction to one of them having been placed in a tooth socket. However, you may be right in your assumption that your patient had such a reaction and I am glad to hear of your case.—GEORGE R. WARNER.

White Palate

Q.—I made full upper and lower dentures for a man about fifty years of age. The dentures were satisfactory to the patient. At one time, however he complained of pressure on the roof of his mouth and, when I removed the denture, I noticed that the palate was white.

I relieved the foramina for pressure, but as the patient did not feel better, I tested him for idiosyncrasy by applying the denture material to his arm and found the same condition as in his mouth. I then changed the denture to vulcanite.

He has satisfactory use of his den-

tures but last week he returned again complaining of pressure on the roof of his mouth, and his palate was again white.

Could you advise me what to do for this patient? How do you explain this condition?—H. B. S., Massachusetts.

A.—It is possible that the white appearance of this patient's mouth is the result of the accumulation of exfoliated epithelial cells from the mucous membrane? Can you scrape this white off with the edge of a mouth mirror? If so, the answer is to have him leave his dentures out at night so the tongue can scour his palate clean, or have him brush his gingivae thoroughly night and morning with a soft toothbrush.—V. CLYDE SMEDLEY.

Mucostatic Impressions

For many years I have been reading your answers to questions in ASK ORAL HYGIENE. I have derived much good from them and have learned to respect your opinions.

I should like, if I may, to take this opportunity to make a few remarks concerning your answer to the question on LOOSE TISSUE in the April issue of ORAL HYGIENE.

It is quite evident from your description of a "so-called mucostatic impression" that you have never been exposed first hand to these principles. The application of these principles could not possibly be accomplished by the method you outlined.

You have mentioned the use of soft plaster as an impression medium to be used on soft tissue. This, of course, has been used for several years but does not constitute a mucostatic impression. Plas-

ter cannot be used to take this type of impression. The mucostatic principle states that an impression and a denture base must be accurate negatives of the ridge tissue in its normal passive form. An accurate denture base cannot be had when we use plaster for the following reasons:

1. Plaster is hygroscopic.
2. Plaster is dead and must be pushed into place.
3. It does not come out from the mouth clean.
4. There is usually a small residue left on the tissue.
5. A plaster impression cannot be inserted and checked for stability.
6. A model cannot be poured from a plaster impression without a separating medium.
7. Plaster is friable and breaks easily which makes it difficult to handle.

The first sane, sensible, and logical set of rules for denture construction that I have found came to me through mucostatics. The profession is generally aware of such a term but few dentists comprehend it. I am convinced

that to keep abreast of scientific prosthetics, you must realize that almost all of our present concepts of denture construction are fallacious and cannot be substantiated in science or by clinical tests. Our results have been not because of what we have done but despite our procedures. There is no logical reasoning behind this heterogeneous collection of routine step-by-step methods.

It is only after two and a half years of diligent study and application of the principles of mucostatics that I make this statement. It is following many years of sincere study of the various techniques, the insertion of over a hundred clasplless partial dentures with complete success, and after directing a study club of thirty men who can apply mucostatic principles, that I feel qualified to discuss this subject.

As one of the younger members of the dental profession, I trust these suggestions will be taken in the kind spirit in which they are sent.—Donald H. Draper, D.D.S., 904 Hume Mansur Building, Indianapolis 4, Indiana.

DENTAL MAGAZINES FOR NORWEGIAN DENTISTS

DENTISTS IN NORWAY received no professional magazines after December, 1941. Naturally, they are eager to complete their files. American dentists, who have dental magazines dated beginning January, 1942, which they are willing to send to Norway, may ship them to Norsk Dental Depot, Pilestredet 19, Oslo, Norway. This firm will distribute them to members of the Norwegian profession. Dentists of Norwegian ancestry are particularly urged to cooperate.

Justi-facts

48

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390. CYCLO-MOLD acrylic teeth wear like natural teeth; maintain occlusal balance indefinitely. This is necessary for permanent retention of dentures.
391. Isolated instances of acrylic tooth separation from the denture base are probably the result of too dry a mix when packing. Moistening the necks of the teeth with monomer will insure a perfect union. Moisten, do not soak.
392. Blocking out gold copings, backings, thimbles, etc., is completely solved. ACRYNAMES Liquid Opaque may be painted on even before waxing and boil out. Dries in ten minutes. Supplied in Kit of three shades and a solvent. May also be applied to jacket crowns to modify shade. Send for data.
393. Note on selection of teeth: Why measure the head to obtain tooth size? A simple system has been worked out for measuring the ridges upon which the teeth must function. Send for data.

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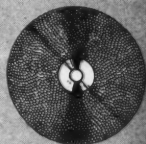
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"My sailor is trying at times."
"My Seabee is trying all the time."

★

First Sailor: "My girl friend has
been a chorus girl in New York City
for two years."

Second Sailor: "What shows?"

First Sailor: "Practically everything."

★

Doctor: "Madam, place this ther-
mometer between your teeth and keep
your lips closed for fifteen minutes."

Husband (aside to doctor): "What
will you take for that darned thing?"

★

His wife was determined to cure him
of his bad ways, and with the aid of a
sheet and an electric torch transformed
herself into a very fair imitation of a
ghost. Then she went into the bedroom
to "haunt" her husband who had drank
more than his capacity.

She shook him energetically and
roused him.

Husband: "Whash that?"

Wife (in sepulchral tone): "Satan."

Husband: "Shake handsh, old horse,
I married your sister."

★

He took her gently in his arms,
And pressed her to his breast,
The lovely color left her face;
And lodged on his full dress.

The boat had just left Portland when
a sprightly little flapper stowaway was
discovered in a lifeboat. The captain
ordered her sent to his cabin.

"I don't know what to do with you,"
he thundered as he questioned her.

"Say, skipper," she said finally, "How
long have you been a sailor?"

★

Thirty days hath September,
April, June and Private Bender;
He serves them now, with no reprieve,
For being absent without leave.

★

Jock McDougal had blown his lassie
to a movie, and hailed a cab to take
her home. When he assisted her in, she,
knowing his natural bent where money
was concerned, remarked: "Jock, it
does make me feel aufu' wicked, ridin'
about wi' you like this."

At that, Jock cheered up tremen-
dously. "Then mebbe," quoth he, "it'll
be worth the money after all."

★

"Alice, which would you rather be—
beautiful or good?"

"Well, I'd rather be beautiful—and
repent."

★

John M.: "Surely you don't think
I'm the sort of fellow who kisses any
and every girl, do you?"

Jane: "Heavens no, if you did you'd
know something about kissing."

★

"What happens when one mind
reader has a date with another mind
reader?"

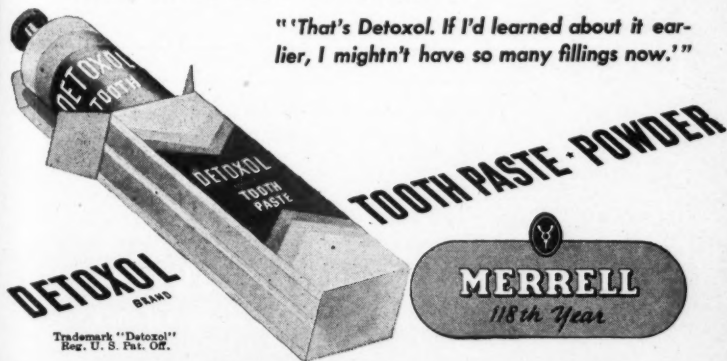
"Oh, they just sit around and blush
all evening."



"MY PET PATIENT says Dr. N. L. W., "always asks how many more fillings she has to go. She *knows*, but I can't remember . . . so out comes the chart.

"She follows instructions, though. When I said that only one dentifrice contains sodium ricinoleate to pep-tize the adherent mucin and make it more readily removable with a brush, she said,

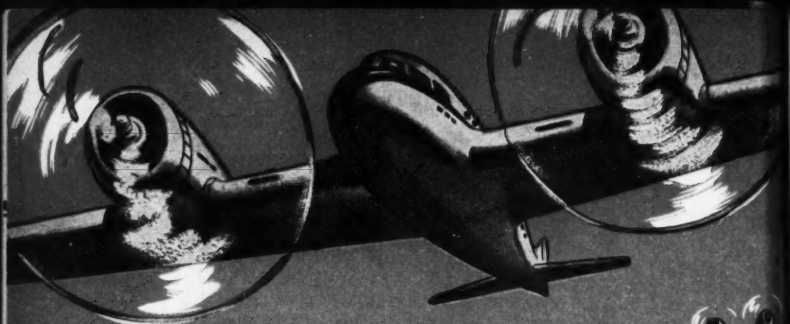
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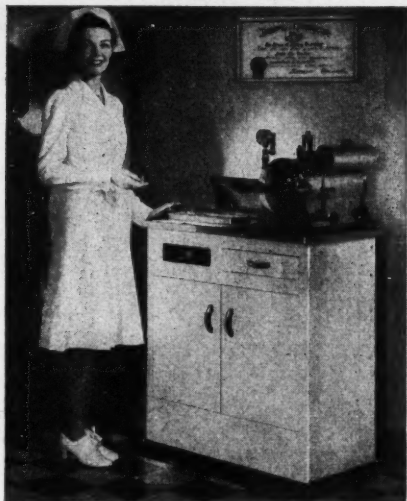
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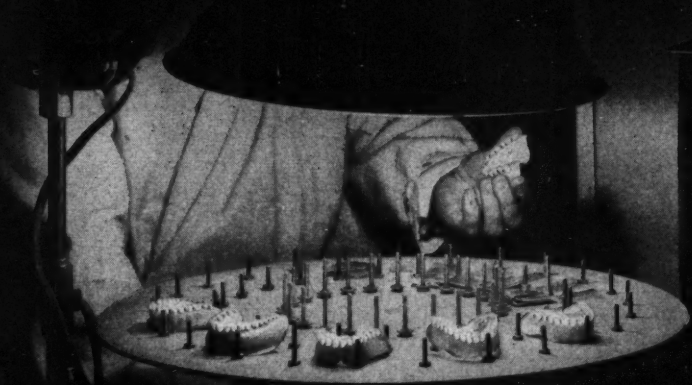
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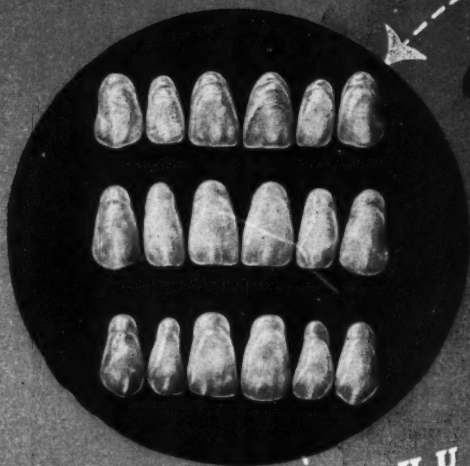


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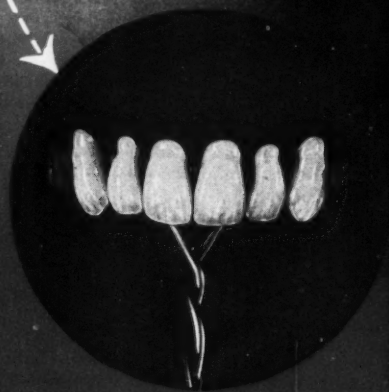
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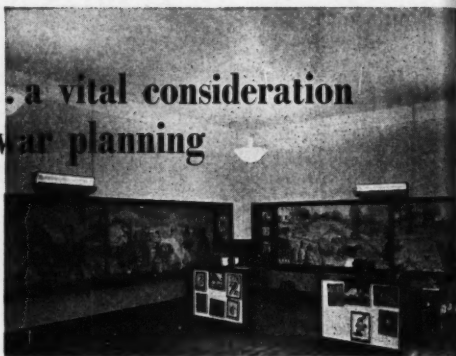


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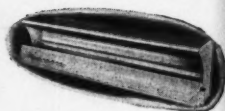
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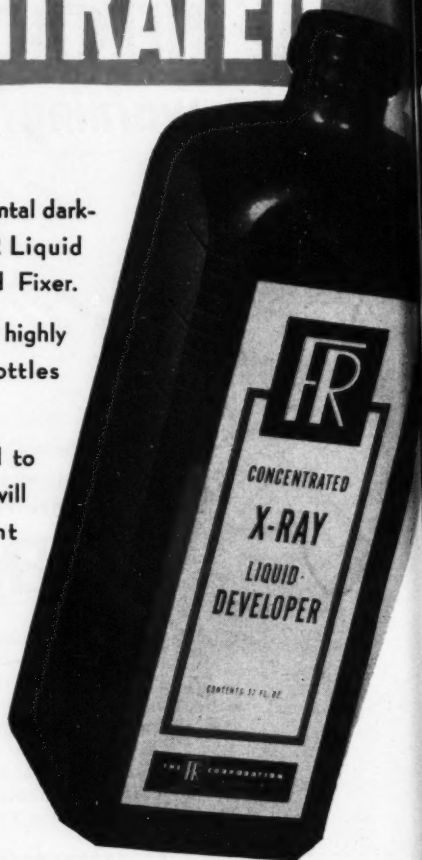
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Our attachment is a loop of 22 k gold plate soldered on the inside of the shell. This makes a strong attachment, holding the tooth securely.

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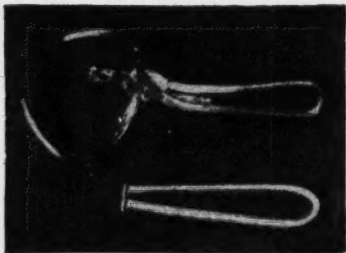


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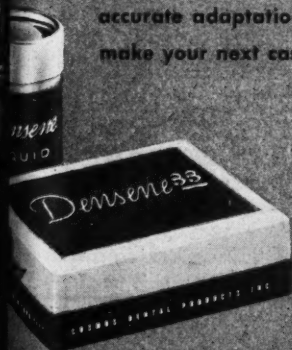


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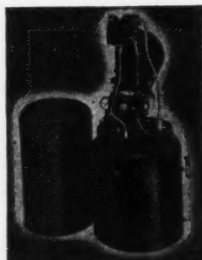
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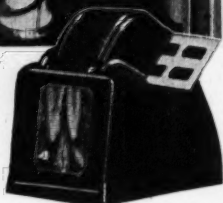
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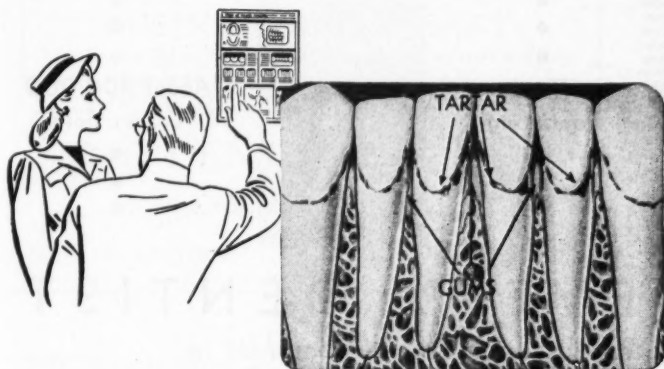
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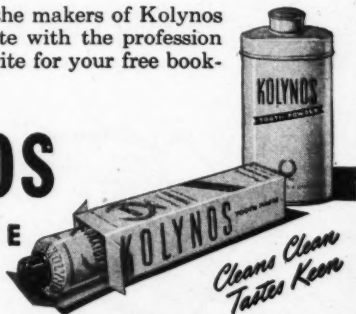
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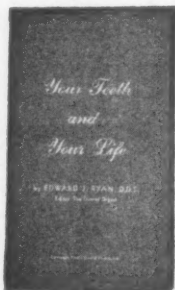
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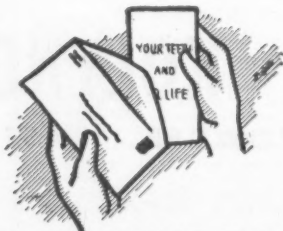
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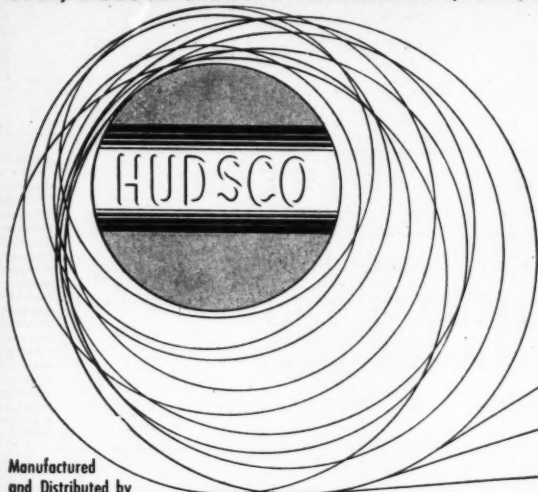
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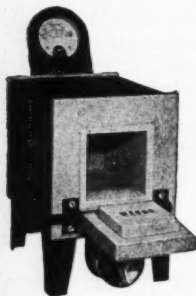


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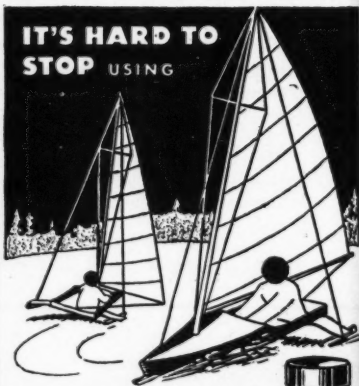


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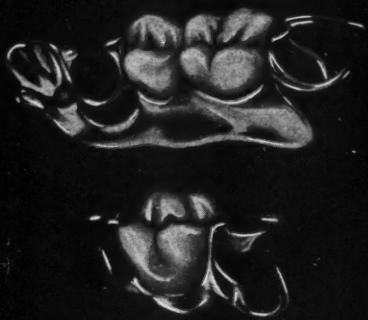
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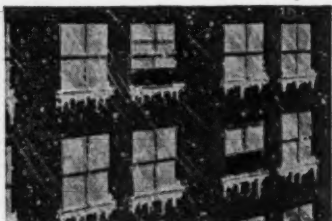
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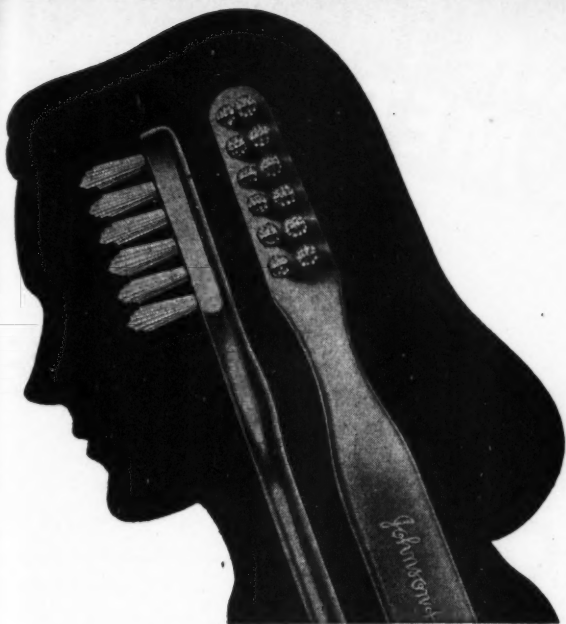


Doctor, if you are a progressive member of the profession, enthusiastic about diamond instruments and eager for new techniques involving their use, write Diamond "R" Agencies.

We have a plan whereby you have a complete complement of diamond instruments at your disposal. Every desired shape in a clear Lucite case at your fingertips. You have either new or perfectly operating tools in your handpiece at all times. Use diamonds like burrs. Nominal cost from year to year, based on usage. Write for details.

Special Consideration To Dentists Returning From Service.

DIAMOND  AGENCIES - Box 311 - Pasadena, Calif.



Your trusted "assistant"

• Recommend the new Tek Professional tooth brush as your trusted "assistant" in caring for your patients' dental health at home. A tooth brush to meet your most exacting specifications for quality and design. At an economy price—29¢.

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Tek

Professional Tooth Brush

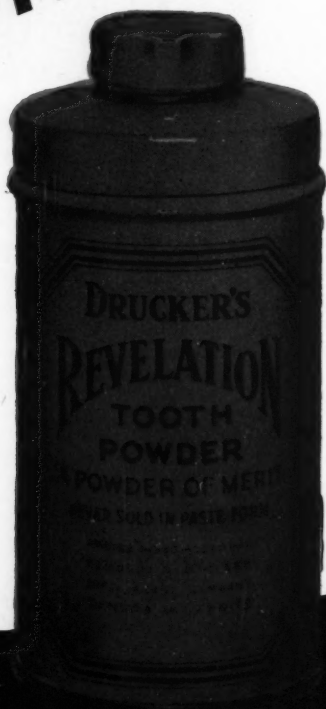
CHECK THESE FEATURES

Brushing head—one inch long. Two rows of bristles—six tufts to a row. Each tuft 7/16 inch in length. Uniformly serrated. Designed for proper gum massage. Bristles—Du Pont Nylon No. 14—the grade and diameter best suited to a professional brush. Straight handle with strengthened neck.

AGAIN IN
ALL-METAL CANS

Revelation

TOOTH POWDER



ORIGINAL FLAVOR RETAINED

Revelation has been recognized by the profession over many years. It cannot harm the most delicate tissues; yet is a positive and thorough cleanser. It is agreeable to the taste and leaves the mouth feeling clean and refreshed. Thousands of dentists prefer Revelation. We invite you to test it.

Fill in this coupon, tear out page
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AUGUST E. DRUCKER CO., 2226 Bush Street, San Francisco 15, Calif.

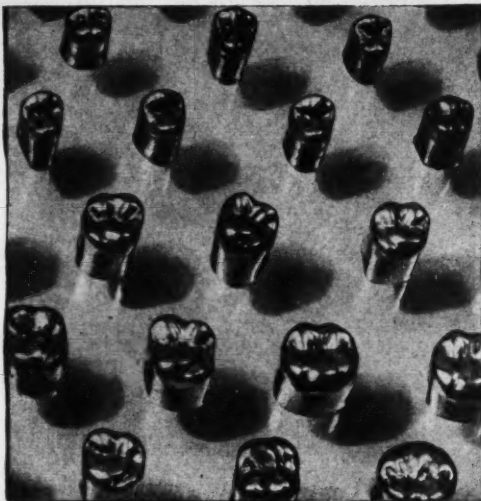
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Dr. _____

Address _____

City _____ Zone _____ State _____





MORE ABOUT MASEL TEMPORARY SILVER CROWNS

Especially suited when treating teeth where decay has so weakened the crown that any spread or flow of a cement or gutta percha dressing seal under mastication might fracture the walls. Also effective for incisal tips and corner injuries until permanent restoration can be completed.

Made of 30 and 36 gauge. Price, 4 for \$1.30; 100, \$25.00. Masel Crown Gauge given free with first order.

Order this economical product from your dealer today.

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HATCH

Low Heat

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Red COMPOUND

In Boxes of
Cakes or Sticks
60 cents each

For finer impressions with greater detail

Buy it thru your dealer. Ask for quantity rates.

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SPECIAL OFFER!

REG. DORIOT #10²²
16 oz. C-L-S OIL \$4.50
VALUE...\$14.50

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**LIGHT
WEIGHT**

**LARGER
BEARINGS**



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EXPIRES FEB. 15, 1946



JENSEN DENTAL INSTRUMENT CO.
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For more than a score of years, the expression "Mizzy makes good wax" has been a byword in Dentistry. The expression has lasted these many years because it is founded on fact.

Mizzy does make good wax—of several types, each the finest in its category . . . and again available for immediate delivery. ★ ★ ★ ★ ★ ★ ★ ★

ALLCEZON LIGHT PINK

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TEN YEARS OF SUCCESSFUL SERVICE

It is with a great deal of pride and satisfaction that we look back over the past ten years in the history of Durallium.

1946



True, Durallium was researched for many years prior to 1936 when it was announced to the dental profession as

THE OUTSTANDING CHROME COBALT ALLOY

Today Durallium is recognized as having faithfully and well fulfilled its every claim to be "the most noble of metals."

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**RIGHT FOR YOUR DENTAL
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Durallium and your qualified



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Duralium technicians assure
you and your patient the utmost
in functional efficiency and com-
fort in your cast restorations.

We, and your qualified Duralium
laboratory, are sincerely
appreciative of your acceptance
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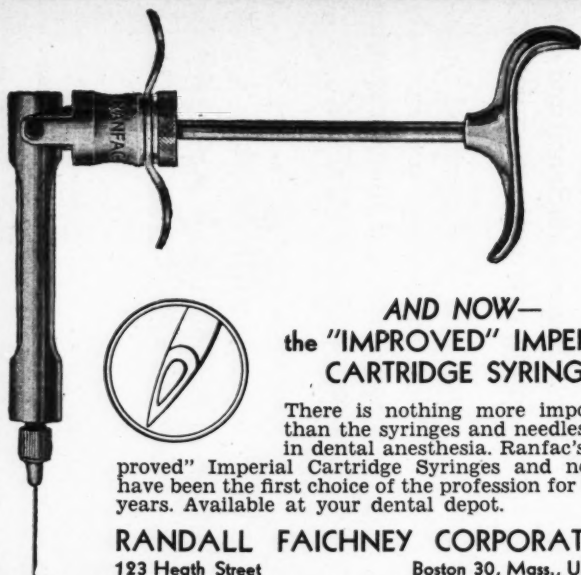
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Consult Your Duralium qualified laboratory.

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AND NOW— the "IMPROVED" IMPERIAL CARTRIDGE SYRINGE

There is nothing more important than the syringes and needles used in dental anesthesia. Ranfac's "improved" Imperial Cartridge Syringes and needles have been the first choice of the profession for many years. Available at your dental depot.

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SUCCESS STORY . . . a 40-year record.

Since Postolene was originally introduced to the profession over 40 years ago its successful record is undeniable. Practitioners everywhere have depended upon Postolene . . . and rightfully so because of its record as a safe and effective treatment for root canal fillings and for abscessed teeth. It costs only \$1.00 a jar. Try it today. Order from your dealer, or direct giving your dealer's name.

Available in
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Complete stock of parts.
Skilled workmanship. Your old out-
fit reconditioned like new. Ask for an estimate.

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CLARK EQUIPMENT
We can still supply new cuspidor waste and supply tub-
ing. Send us your old connections. We will
attach new tubing. Prompt, guar-
anteed service.

PARTS



Effective SURFACE ANESTHETIC

NUM has everything it takes—

- Powerful anesthetic action.
- Non-narcotic.
- Non-toxic.
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- Pleasant smelling.
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In the Silver and Black Box.
Order from your Dental Depot.

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Professional Demand That

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'Moyco' Medicaments

The one hundred "Moyco" dental medicaments have one factor in common . . . UNVARYING QUALITY. Compounded to exact formulae of U. S. P. drugs, they are pure and consistent in strength. There is a "Moyco" medicament for every dental requirement. The majority of these medicaments are accepted by the A. D. A.

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MOYER

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SINCE 1893

Give Your
Order to Your
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1210-14 Vine St.

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New **GETZ-400** *Improved*
DENTURE ACRYLIC
100% PURE ACRYLIC RESIN

No.
Foreign
PLASTICIZER

Eliminates
TEETH CHECKING
and **POROSITY**

Delivers
PERFECT FITTING
DENTURES

Harder
Stronger
FAST SETTING

Delivers
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MORE DENTURES

Saves
up to 50%
IN TIME

Perfect Mix
in
3 to 5 MINUTES

**OUR OWN
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A truly top-flight material . . . processed and refined entirely in the GETZ-400 Laboratories using the most modern type of equipment.

This means you get *always* the same dependably uniform product for certainty in pre-determined results . . . It is guaranteed for highest quality in performance and economy . . . challenging comparison with any material on the market today, regardless of price.

It has been proved in general practice and, so confident are we that it will meet with your approval, that we invite you to

Send for Free Sample . . .

Try It on Your Next Case

Choice of
 Clear, Pink, Mottled, Light or Dark Mottled

1 lb. \$7.50; 5 lb. Bulk, \$6.50 per lb.;
 25 lb., \$6.00 per lb.

(Liquid Included)

THE WILLIAM GETZ COMPANY
175 N. MICHIGAN AVE. . . CHICAGO

Now Available — Torit No-Lap Abrasive Bands

SOLE ADDRESS: TORIT - ST. PAUL

TORIT MANUFACTURING CO.

WALNUT AND EXCHANGE STREETS - SAINT PAUL 2, MINNESOTA, U.S.A.

Dental Apparatus and Supplies



TO OUR CUSTOMERS:

Effective December 1, 1945, the manufacture of TORIT Arbor Bands, as supplied for over fifteen years, was discontinued. Only after very careful consideration did we make that decision and arrange to distribute

TORIT NO-LAP ABRASIVE BANDS

These are the now-familiar round bands, without any lap, made of silicon carbide cloth. It is our firm belief that they are superior bands.

We will regularly stock TORIT No-Lap Bands in four sizes:

Arbor Bands, 3/4" diameter by 1/2" face
Handpiece Bands 1/2" diameter by 1/2" face
Handpiece Bands 3/8" diameter by 1/2" face
Handpiece Bands 1/4" diameter by 1/2" face

All four sizes are available in three grits; fine, medium, and coarse, packed and sold in the following quantities:

Box of 50 Bands, retail price.....\$.75
Box of 100 Bands, retail price..... 1.25
Box of 500 Bands, retail price..... 5.30

Accordingly, since December 1, 1945, we have been filling all orders received with No-Lap Bands. We trust their quality and the service we shall render on them will justify your continued patronage.

Yours very truly,

TORIT MANUFACTURING CO.

Edward J. Girk
Vice-President
In Charge of Sales

Edward J. Girk: 1r

The REITER SURGICAL Mallet

with 4 Points

Instrument is held like a syringe. Aids delivery of broken teeth. Obviates bone and tissue destruction in difficult extractions. Minimum physical shock to patient.

Write for
Descriptive
Literature



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another
MIZZY
Gadget

for
those who like to work
"doubles" . . .

THE NEW
DUAL MATRIX RETAINER

Write for descriptive leaflet

MIZZY, INC.

304 E. 23rd St., New York

SIMPLICITY IN TECHNIQUE

for PREVENTION and TREATMENT of ORAL INFECTION

"D-1" ORAL-GENT

An astringent, antiseptic and disinfectant, with stimulative and curative properties. Non-toxic and non-caustic. Used to correct injury from operative, prosthetic and orthodontic procedures, and in inflamed conditions of mucous membrane.

"D-2" TOPICAL ANESTHETIC

Thousands of Dentists find it of great value for Curettage; Prophylaxis; Cavity Preparation; Minor Surgery; Exodontia; Children's Dentistry—and all those instances where Topical Anesthetic is indicated.

Non-Toxic and Non-Sloughing

Your dealer sells "D" FORMULAS. Literature Mailed on Request.

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THE WIDE DIFFERENCE IN IMPRESSION COMPOUNDS

● Impression compounds look very much alike but what a difference in qualities and performance!

Our Research Department makes continuous check of compound essentials with results at times surprising.

Every production batch of Kerr Compound must shrink less than .002 from mouth to room temperature. Other compounds shrink up to three times as much.

Again at mouth temperature, Kerr Compound flow must be no more than .0014. Others flow as much as .0036.

Yet Kerr Compound must soften at only 132 degrees, by far the lowest softening point of all compounds otherwise even comparably efficient.

Kerr Impression Compound is widely imitated in appearance. But its performance has never been duplicated. Make the name Kerr on each cake your guidance for impression results that justify your care and skill.

KERR DENTAL MFG. CO.
Detroit 8, Established 1891 Michigan



*Impression
Compound*

CAN didly speaking ...



the cool, keen flavor of CALOX is
protected again by a metal container!

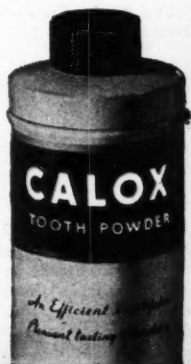
Always, Calox has been conscientiously made. War or no war, we put into it what we consider to be the essentials of a good dentifrice.

One of these essentials is a pleasant, refreshing flavor which encourages regular use. But during the war, Calox, like other tooth powders, had to get along with makeshift containers which did not always seal in the delicate flavor.

But now . . . CALOX IS BACK AGAIN IN A CAN! Once again its soft, fine consistency is safeguarded against air and moisture . . . its fresh, tingly taste is *locked in to stay*.

So when your patients ask about an efficient, refreshing, good tasting dentifrice, we sincerely feel that you can now recommend Calox whole-heartedly.

CALOX TOOTH POWDER



Made by McKESSON & ROBBINS, INC., Bridgeport, Conn.

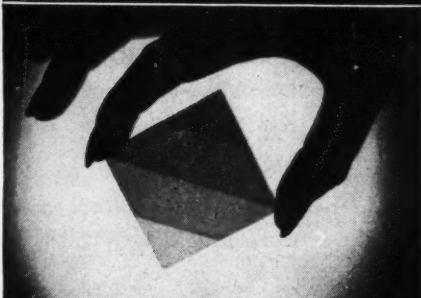
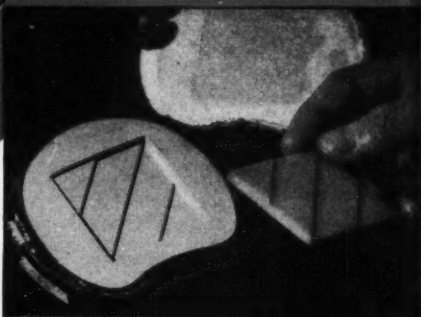


Another Reason Why

Lucitone is processed into a plaque, with four different areas of controlled thicknesses.

Exposed to light, this plaque reveals four shades of pink, the density of each shade controlled by the thickness of the area.

The plaque is compared with a sample denture, as well as with the master plaque on file.
The slightest variation from the lifelike color required is greatly magnified and detected.



LUCITONE Maintains Its Lifelike Naturalness ~ ~ ~

Even while Lucitone is in the process of making at Du Pont, it is constantly checked by chemical means to make sure that its color is uniform.

Then at the Caulk Laboratories come several searching tests for *lifelike naturalness* in every batch of Lucitone. One of these tests is this queer looking plaque of four thicknesses made under routine laboratory processing. These four thicknesses in the plaque produce four distinct shades of pink. Therefore, when this newly processed plaque is compared against the master plaque on file, possessing the lifelike color that's the distinguishing characteristic of Lucitone, the slightest variation is greatly magnified and easily spotted.



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MILFORD, DELAWARE

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NOW-

*Soluble
Sulfa-
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At last . . . the first *really soluble* sulfa-cones . . . SOLUCONES. SoluCones will not disintegrate but will dissolve completely. Will fit even the smallest socket. Pack- ed 100 to a bottle or 500 to a bottle.

Order through your dealer.

GRAHAM CHEMICAL CO.

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Why Many Dentists Prefer

BROWN ATTACHMENTS

When Precision Attachments Are Indicated for Removable Restorations.



Proximal Contact Type

It's Because They Are

Strong, Springy, Simple to Adjust and the Closed Bottom makes insertion and removal Easy for the Patient

Proximal (In Two Types) Contact

Cat. No. Size & Shape Cat. No.

327 .085" x .025"—Flat

321 .096" x .036"—Flat

322 .115" x .036"—Flat

323 .125" x .036"—Flat

324 .150" x .036"—Flat

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\$10.00 each Complete

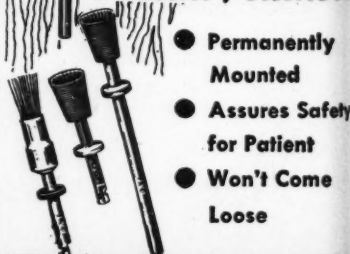
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Crescent Polishers



- **Permanently Mounted**
- **Assures Safety for Patient**
- **Won't Come Loose**

Crescent DENTAL MFG. CO.

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**AFTER
57 YEARS!**

THE CAVITY SEAL STILL UNIMPAIRED!

COURTESY DR. M. B. CARTER

why that is so—(1)

This upper right central is the personal tooth of Dr. M. B. Carter, Franklin, Tenn. After 57 years of service, its restoration is still as good as the day it was made — by Dr. T. A. Pope, also of Franklin.

Needless to say, it was made of Gold Foil. Needless to say, too, there are definite reasons why Gold Foil, and only Gold Foil, can save a tooth so long.

First among them, as established by recent scientific studies, is that of its *Absolute Indestructibility in the Fluids of the Mouth*. Gold Foil is the purest gold, unalloyed. Unlike other restorative materials, it is impermeable to moisture and to microbes; is absolutely insoluble and

non-oxidizable—and restorations made with it neither disintegrate nor discolor. A Gold Foil could remain unaltered in the fluids of the mouth even for a thousand years!

Would you like information about this wonderful material *regularly*? Simply mail the lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 817-21 Filbert Street, Philadelphia 7, Pa.—Established 1820.



GOLD FOIL

**... for solid, lasting
satisfaction!**



BAKER 75

UNIVERSAL CASTING GOLD

Its rich gold color, along with its remarkable physical properties, make this the perfect all-purpose alloy in the opinion of our Research Department and an ever-growing number of dentists and technicians—\$1.88 a dwt.

Why not send us a trial order with your dealer's name?

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ONLY THE *Castle* **STERILIZER** **Has this Special Boiler!**



THE Castle Sterilizer is the *only* sterilizer with the boiler interior completely coated with block (virgin) tin. Its smooth, easy-to-clean surface withstands the corrosive action of boiling water and steam . . . prevents the chemical action that dulls and stains the instruments.

This heavy, "Cast-In-Bronze" Boiler, guaranteed for a lifetime against *any* defect, is just one of the many exclusive features that make the Castle Sterilizer the most economical buy for the dentist today. For full details, write: Wilmot Castle Co., 1101 University Ave., Rochester 7, N.Y.



Castle

LIGHTS AND STERILIZERS

YOUR

July 17, 1945

Dental Digest Inc.
1005 Liberty Avenue
Pittsburgh, Pennsylvania

Dear Sirs:

I am enclosing a check for one dollar for a copy of Visual Education.

The copy in my reception room has been handled so much that I would like to replace it.

Since

04

NEED BEET HARM?

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If your copy needs replacing you can obtain a *new* copy at the special subscriber price of \$1.00. If you have never used these charts in your practice, may we urge you to enter your order now at the special rate? You will find many uses for the charts.

Many practitioners are ordering *two* copies—one for reception room use and one for use at the chair. Please indicate your preference when sending in the convenient order form below.

The Dental Digest

1005 Liberty Ave., Pittsburgh 22, Pa.

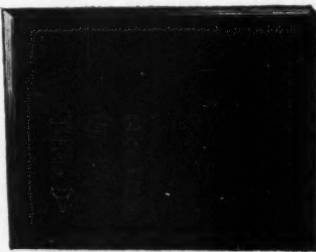
I am a subscriber to The Dental Digest. Please enter my order for 1 ☐ copy; 2 ☐ copies of Visual Education in Dentistry. My remittance at the rate of \$1.00 per copy is enclosed herewith.

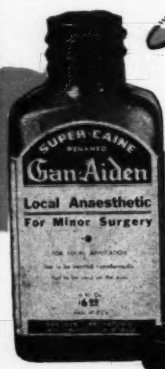
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Dr.

Address

Dealer





• *For Quick and Lasting Anaesthesia*

• **FOR PATIENTS COMFORT AND ACCEPTANCE...**

A most powerful local anesthetic for minor surgery to be used on all mucous membranes of the body and mouth. Not to be injected hypodermically

PROFESSIONALLY ACCEPTED—AVAILABLE THROUGHOUT THE NATION AT YOUR DENTAL SUPPLY HOUSE Write direct for informative literature.



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Figures Won't Worry You!

Is the joy of springtime clouded by the worry of your 1945 income tax problems?

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Name

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Town

My Dental Dealer is

Let
**NO•NIK
HAMMER**
DO YOUR KNOCKING!

A knock or two with the NO•NIK Hammer and out comes your case. The NO•NIK lead hammer prevents nicking your flask.



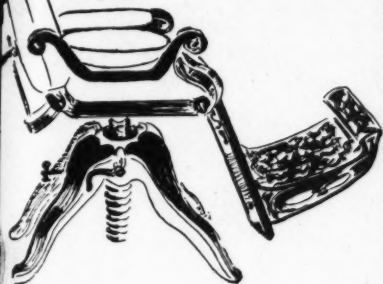
When your hammer becomes battered, melt the old head and pour into NO•NIK mould. Result—a New Hammer!

COMPLETE SET, MOULD AND 2 HANDLES \$5.00.

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and NOW!

The quality of BOILO MIRRORS never changes—or even varies. The same meticulous care in manufacture, perfection of construction and perfect reflection that characterized the first BOILOS made, still keeps them dentistry's first choice after 38 years. **BUY BOILO MIRRORS FROM YOUR DEALER**

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BETTER, FASTER, MORE EFFICIENT POLISHING



with the
Crescent
Webbed Rubber Polishing
Cup

- Retains abrasive at higher speeds
- Cuts faster with less pressure
- Smooth and gentle in operation
- Always runs true
- Made of flexible long-life rubber
- Is permanently mounted
- Conforms to tooth surface



U. S. Pat.
Sept. 14, 1937

• More efficient and lasts longer
and **COSTS MUCH LESS**

CRESCENT DENTAL MFG. CO.
1839 S. CRAWFORD AVE. CHICAGO, ILL.

STERO-OIL

Saves

HAND PIECE REPAIRS

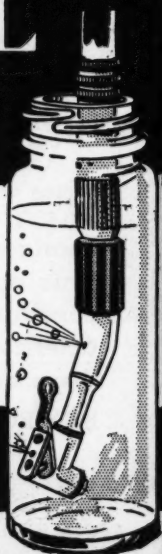
A dependable, clean handpiece is an asset to a busy dental office. You can accomplish this quickly by running the instrument in Stero-Oil after use on each patient. Delicate bearing surfaces are adequately lubricated and Stero-Oil's antiseptic agent gets in its effective work. Thus in just a minute, with only one operation, you save time, money and handpiece repair.

NOW
3 oz. bottle
only
\$1.00

Order today from your dealer

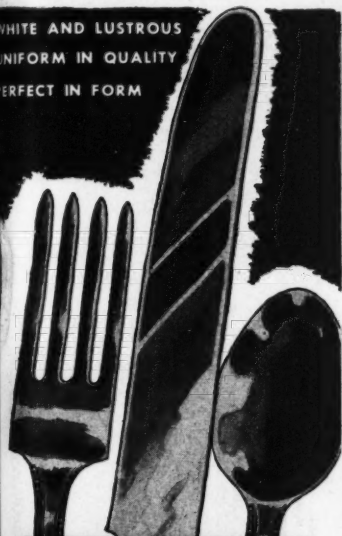
STERO-OIL
OILS - cleans - helps to
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STERILE PRODUCTS COMPANY
San Diego 1, California



Like the finest Silverware
Crescent SILVERLOY
 wears and wears

WHITE AND LUSTROUS
 UNIFORM IN QUALITY
 PERFECT IN FORM



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 1839 So. Pulaski Road
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THIS COUPON and 20¢
 (to cover handling) brings you a

MODEL D TOOTH BRUSH

*with Your Name in Gold
 stamped on the handle!*

The Model D Co.,
 Division of The Cutino Co.
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For enclosed.....\$
 send me.....

MODEL D Tooth Brushes
 at 20c per brush with my
 name stamped in gold on
 the handle.

☐ 3-Row ☐ 2-Row
☐ Child's

(This offer is limited to
 six of each model.)

Dr.

Address.....

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MODEL D
 the only
TOOTH BRUSH
 with all 4
 Approved Features

1. Extra long, straight handle
2. Re-inforced end tuft
3. Flat brushing surface
4. Three sizes

A TRIAL WILL CONVINCE YOU!

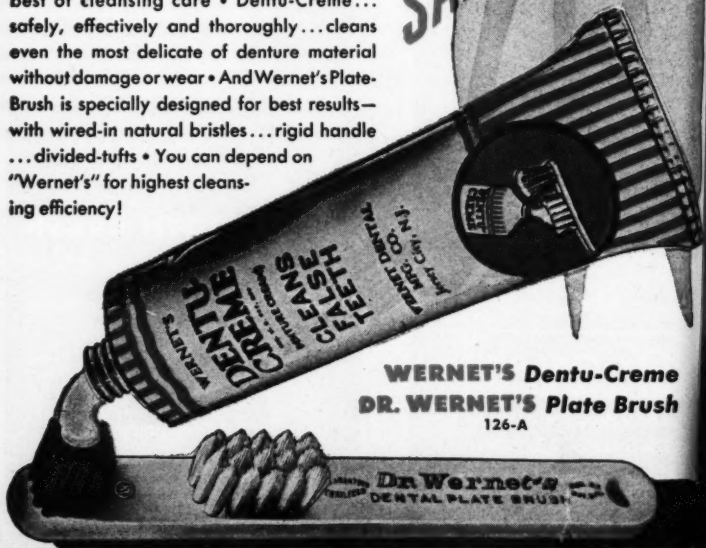


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Far-fetched? Indeed! But no more inexpedient than cleaning expensive, good-fitting dentures with any scouring powder or kitchen cleanser that happens to be handy! • If you are one of the many dentists who routinely recommend Wernet's Dentu-Creme and Dr. Wernet's Plate-Brush, you may rest assured that your patients' dentures are receiving the best of cleansing care • Dentu-Creme... safely, effectively and thoroughly... cleans even the most delicate of denture material without damage or wear • And Wernet's Plate-Brush is specially designed for best results— with wired-in natural bristles... rigid handle ... divided-tufts • You can depend on "Wernet's" for highest cleansing efficiency!

with
SANDPAPER?



WERNET'S Dentu-Creme
DR. WERNET'S Plate Brush

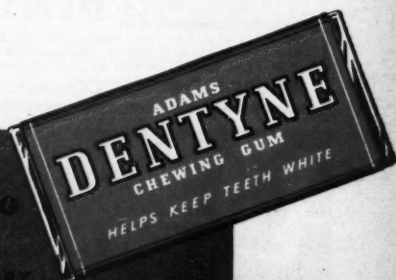
126-A

That's
TOUGH



BUT GOOD FOR THE TEETH

Hard to take? Maybe...but it helps to explain "clean as a hound's tooth"! Indeed, because vigorous mastication tends to limit the deposition of calculus on exposed teeth or under the free gingival margin, it is regarded as "*the most effective prophylactic against tartar formation*"—so frequently premonitory of serious gingival and alveolar pathologies. • That is why the use of Dentyne Gum—with its specially firm consistency—is often recommended as extra-masticatory exertion to "tartar-susceptibles." Its delightful flavor renders its routine use particularly pleasant for patients, both young and old.



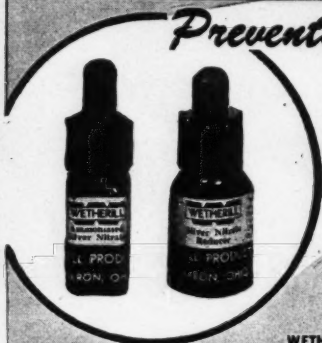
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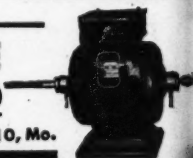
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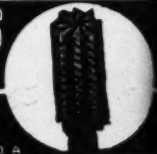
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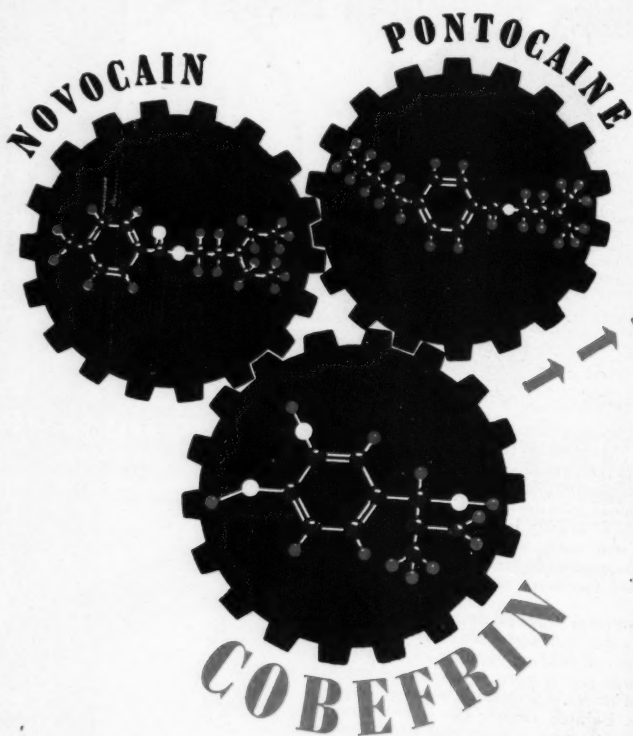
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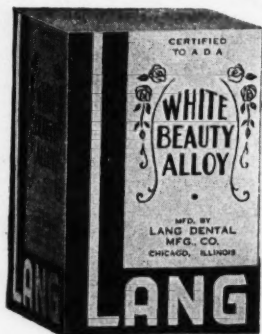
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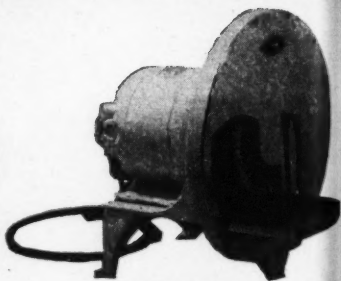
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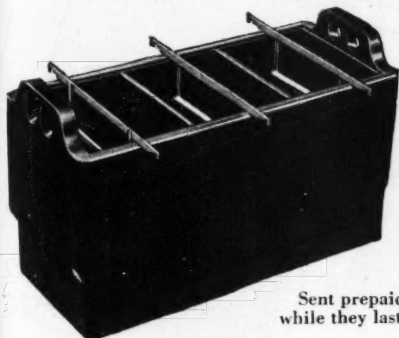


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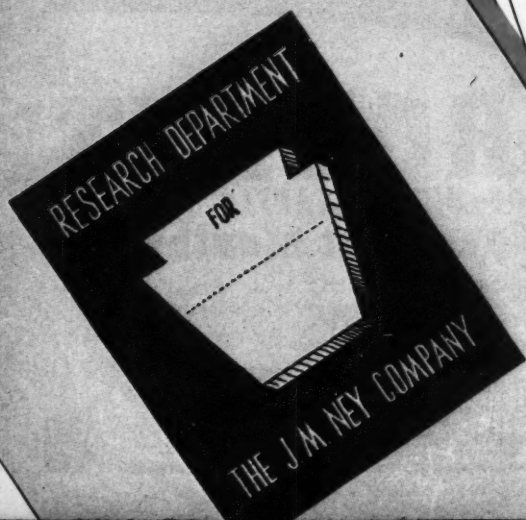
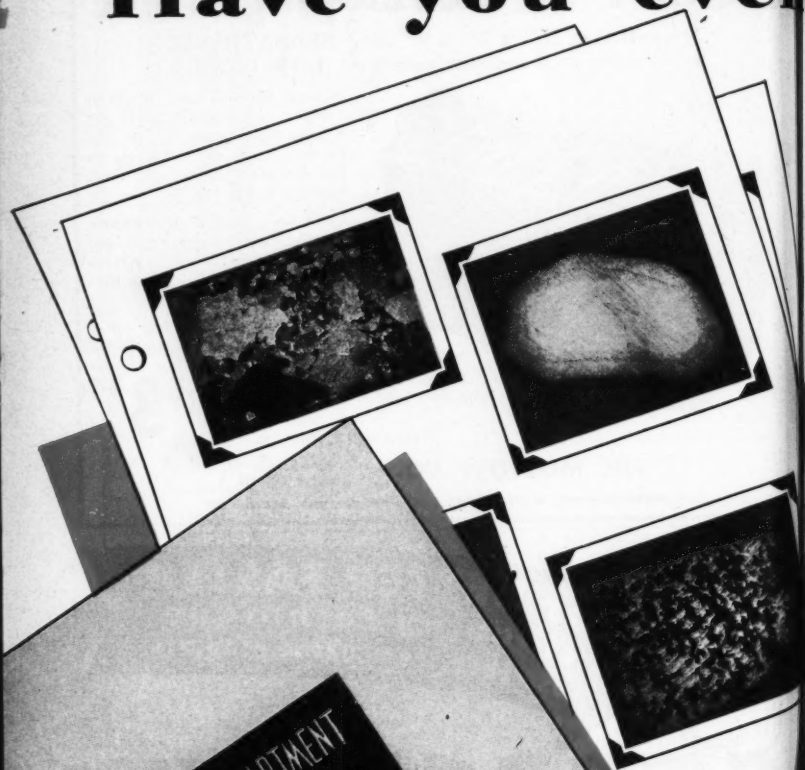
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Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60.

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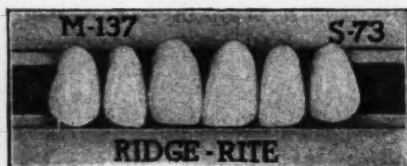


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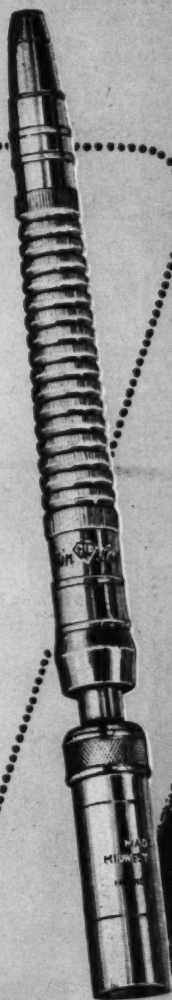
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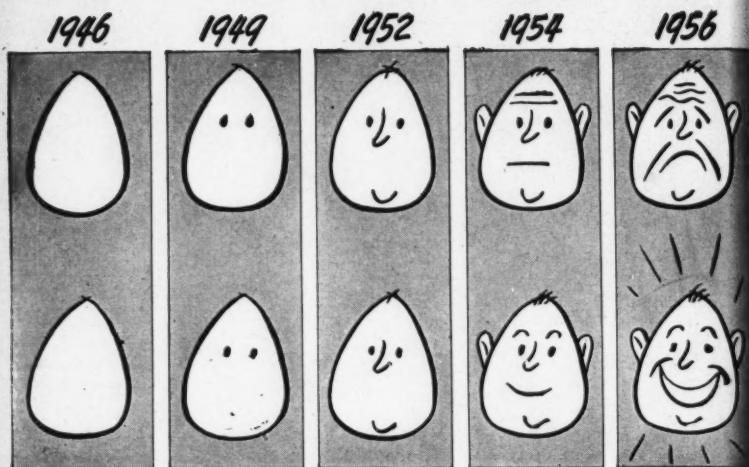
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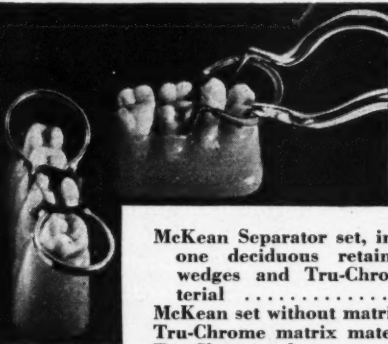
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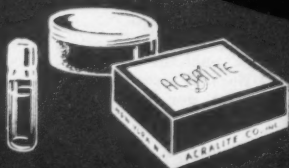
ACRALITE

Flows Evenly

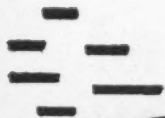
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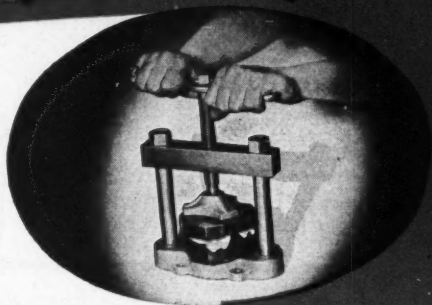
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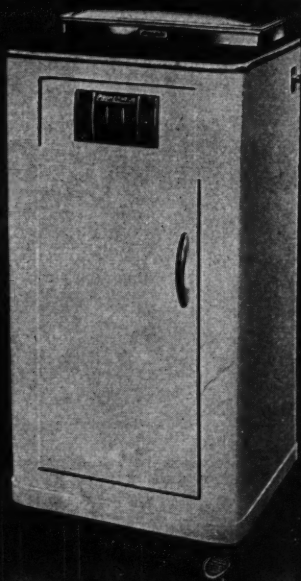
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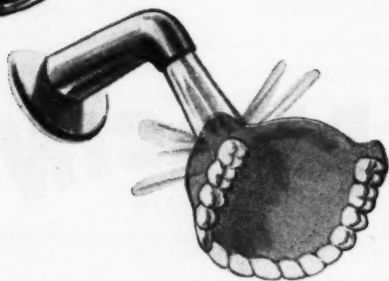
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*15 minutes daily
in Polident solution.*



RINSE

*Just hold under running
water to rinse clean.*



Dentures "KEEP FIT" with





to explain...

EASIER AND SAFER TO USE

Just an extra minute — as your denture patient leaves the chair — is all that's needed to explain how Polident can help those precious new dentures to "keep fit" in all ways.

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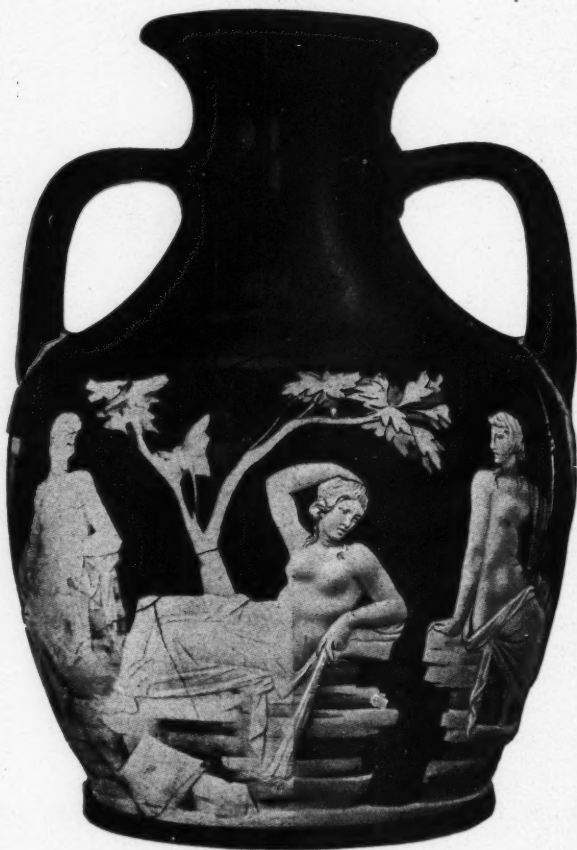
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*Approved for use
by leading manu-
facturers of acrylic
denture materials*



Faithful



PORTLAND VASE

The left half of the above picture portrays the original vase. The right half represents its duplication.

Duplications

Dr. Myerson's True-Blend Teeth bring you means
of making restorations that are enduring masterpieces.

They defy detection and they are stronger, too.

Greater Naturalness

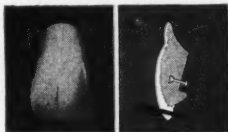
For many centuries the faithful duplication of natural teeth defied the most painstaking efforts. Dr. Myerson solved this long standing problem and produced the first artificial teeth that were indistinguishable from natural teeth. Thanks to his discovery, skilled dentists can make dentures that are enduring masterpieces of restorative art. For Dr. Myerson's True-Blend are not only more natural—they are stronger, too.

Light Transmission Does It

The transparent enamel of Dr. Myerson's True-Blend is the secret of their remarkable duplication of natural teeth. By reduced light reflection from the body of the tooth and by light transmission at the incisal part of the tooth, the shadowy incisal areas and life-like appearance are obtained.

Today imitation of Dr. Myerson's True-Blend is world-wide.

For best results use the original.

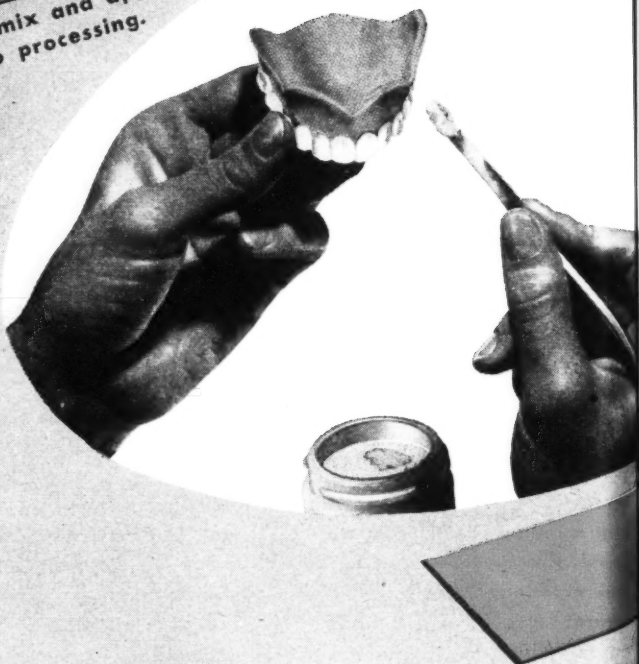


Dr. Myerson's

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EASY TO USE!

Just mix and apply.
No processing.



TRI-TEX, a powder and a liquid, is a scientific development of the highest professional standards. TRI-TEX Powder is a special resin, prepared in our laboratories. TRI-TEX Liquid volatilizes rapidly, and contains no monomer, chloroform, or acetone.

TRI-TEX is simple, easy, and quick! Predetermined proportions of the powder and liquid make it easy to control both the consistency of the mix and the rate of its setting. The mix, freshly made, flows easily without displacing tissue, and conforms accurately to every detail. There is no polymerization or curing in the mouth; just plain cold molding. The patient is able to leave your office wearing the denture.

ASK YOUR DEALER FOR TRI-TEX TODAY! Enthusiastic reorders attest to its clinical success for the past eighteen months.—Bell Dental Products Co., 43 West 57th Street, New York City 19.

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complete, permanent relining in 15 minutes!

ATTRACTIVELY PACKAGED,
befitting a product that is
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WANTED: Dental practice and equipment in Oklahoma. Will pay cash for good location. "17" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Established dental office with following equipment: one Ritter Sr Unit, Ritter chair, Ritter laboratory motor, Ritter single piston compressor, American two section laboratory bench, American cabinet, secretary's desk, Castle electric sterilizer, and one complete set of dental instruments excellent condition. Write Dr. P. W. Olson, 204 N. Jefferson, Wellington, Kansas.

SMALL DENTAL LABORATORY with modern equipment and experienced technicians desires to locate with group of progressive dentists. Small town preferred. "4" Oral Hygiene, Pittsburgh, Pa.

TOP TECHNICIAN MANAGER: Established high-class laboratory in Texas wants A-1 all-round technician from setup to crown and bridge work. Must have fine background to take charge of branch laboratory on commission basis. High monthly salary guaranteed. Also wanted A-1 setup technician for main laboratory. Also wanted A-1 finisher and packer for branch laboratory. Write full information in first letter giving age, salary expected, and experience. "5" Oral Hygiene, Pittsburgh, Pa.

WANTED: A-1 gold technician for Texas laboratory. Must be tops to take charge of gold department. Write full information in first letter giving age, salary expected, type of gold work you can do. "6" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED with Illinois license. Permanent, profitable connection for good, steady, all-around operator. Dr. S. J. Heyboer, 79 W. Madison Street, Chicago, Illinois.

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FOR SALE: Fully equipped dental office and practice in northeastern Ohio town of twenty-five hundred. Office and living apartment same floor. Rent \$25 per month. Retiring on account of age. "HG" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in orthodontia and for pedodontia. Must be licensed in District of Columbia. "48" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to specialize in gold inlays and plastic fillings. Must be licensed in District of Columbia. "87" Oral Hygiene, Pittsburgh, Pa.

RETURNING SERVICEMAN wants to buy established practice in southern Pennsylvania. "43" Oral Hygiene, Pittsburgh, Pa.

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WANTED: Dental hygienists for up-to-date comprehensive program with adults, preschool and school children; full year positions; tenure of office; good salary and liberal travel allowance. Apply to Division of Dental Health, State Bureau of Health, Augusta, Maine.

FOR SALE: Two-chair and x-ray office, Missouri town of seven thousand. Established thirty years. Enjoying splendid business. Price seven hundred fifty. "9" Oral Hygiene, Pittsburgh, Pa.

OPPORTUNITY FOR DENTIST with Florida license, capable of assuming responsibility of well-established practice, majority of which consists of plate and bridge work. Only interested in sober, reliable operator. "ID" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to death, established practice of forty-six years including semi-modern equipment. Only dentist, prosperous rural community. Reasonable, excellent opportunity. Lock Box 273, Tampico, Illinois.

WANTED DENTIST QUICKLY with some experience. Unusual opportunity to take over large practice after few months. Also dental technician able to do both gold and plate work. No drinkers. Dr. O. A. Noland, Bloomington, Indiana.

FOR SALE: Fully-equipped ground floor dental office and large established practice. Two operating rooms, business office, laboratory reception room, x-ray equipment and dark room. County seat in town in northwest Ohio, centrally located in county with only one active dentist. Modern equipment in ivory tan finish. "10" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to death, fully equipped dental office and practice in Waynesboro, Pa. Population eleven thousand. Practice established seventeen years. Excellent opportunity for a returned service man. "11" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Mahogany wall type CDX Victor x-ray machine, ruby light developing tank, thermometer, shadow box, wall safe. Phone 3-337. Dr. A. A. Brown, 945 Roosevelt Ave., Fresno 3, Calif.

SALESMAN WANTED: Dentist preferred. Young man with an Army discharge, exceptional opportunity to contact and clinic for dental laboratory. "12" Oral Hygiene, Pittsburgh, Pa.

DENTIST—veteran—seeks to purchase practice or a fine association. Have New Jersey and New York license. "13" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental equipment including two S. S. White Units, two Harvard chairs, two American Cabinets, Ritter Model A x-ray as well as reception room furniture, business office furniture and laboratory equipment. Located in one of best towns in western Kansas. "14" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Cheap, Fischer x-ray, two dental chairs, two engines, cabinet with instruments, sterilizer, electric coagulation machine, etc. Mrs. D. Hamilton, 202 S. Topeka Street, El Dorado, Kansas.

WANTED DENTIST to take charge of well-established, well-located office in large Iowa city, on a partnership basis. Will expect top man with best recommendations. "15" Oral Hygiene, Pittsburgh, Pa.

WANTED DENTIST with Nebraska license for established practice, give qualifications in first letter. "20" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental equipment; S. S. White chair and unit, cabinet, instruments, sterilizer, supplies, etc. Price, two hundred dollars. Mrs. E. E. Walker, Rockton, Ill.

WANTED: Well-known dental manufacturing concern desires experienced chemist or person with suitable background to mix color and otherwise prepare acrylic resin material for dentures. Full time or spare time basis. Excellent opportunity. Thirty minutes from Times Square. "19" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Complete dental equipment, excellent condition, reasonably priced; itemized list with price upon request; office joins large Medical Clinic, capacity volume indicated. B. F. Bambenek, Dickinson, North Dakota.

FOR SALE: Old-established, two-chair office on main street of Akron, Ohio. Sell close to inventory. Doing better than eight thousand dollars per year. Retiring. "18" Oral Hygiene, Pittsburgh, Pa.

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WANTED: Dentist, Illinois license. Salary and commission commensurate with applicant's qualifications. Dr. G. G. Stirling, 1552 W. Madison Street, Chicago, Ill.

ARMY CAPTAIN with an Indiana license would like to become associated with a busy practitioner or would consider buying. "20" Oral Hygiene, Pittsburgh, Pa.

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Ernest Fowler, D.M.D., 2031 Shenandoah, Los Angeles 34, California

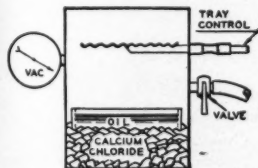
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Hardening inlay, crown and bridge models at least twice as hard, allows lathe buffing, maintaining margins, lessens wax sticking, easier to trim.

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Support the

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he-red'i-ty—the hereditary transmission of the physical and psychical characters of parents to their offspring.

The "Family tree"
as a guide
in tooth selection...

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RESEARCH
HAS SHOWN
CONCLUSIVE
THAT THE
"FAMILY"
SIMILARITY
OF TEETH
PERSISTS
THROUGH
GENERATION
AND
IS GOVERNED
BY THE
LAWS
OF
HEREDITY

★★★★★

The inheritance of tooth traits is one of the marked and consistent phenomena of the science of genetics.

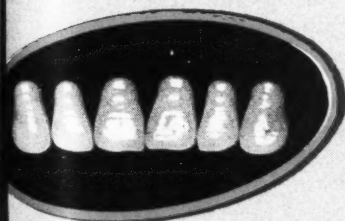
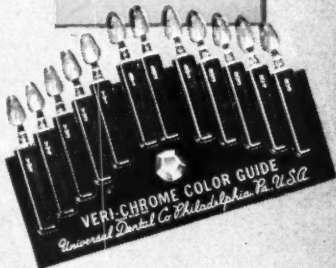
Labial characteristics, color, outline shapes, occlusion, arrangement and even caries-susceptible areas of teeth are inherited from one generation to another.

What better guidance is possible for the selection of teeth in edentulous cases than that provided by the dentition of a brother, sister, child or grandchild? In what other way would it be possible to learn the relation of centrals to the laterals and cuspids—and their arrangement in the dentition?

The "Family tree" is the most scientific guide in tooth selection.

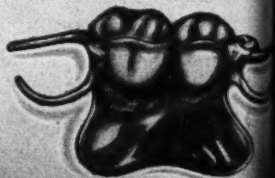
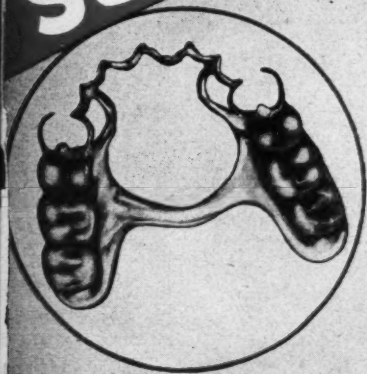
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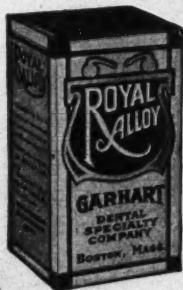
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all purpose
CASTING GOLD

For all casting purposes, this modern precious metal alloy brings the technical perfection and serviceability sought by forward-looking dentistry. Strong, yet not too hard for tooth enamel. Equally ideal for inlays, fixed bridgework, partial dentures. Insures color harmony in the mouth. Beautiful light coin color. Reasonably priced. Stocked by your dealer!



WILLIAMS GOLD REFINING CO., Inc.

BUFFALO 14, NEW YORK • FORT ERIE N. ONTARIO • HAVANA, CUBA

No other
**COTTON
ROLLS**
Give you all these features

1. No harsh outer skin.
2. High quality absorbent cotton.
3. Firm, compact—conform readily to the mouth contour.
4. Specially packaged for extra protection and convenience.
25 and 50 rolls to the package, paper-wrapped and sealed in bags.
5. Sterilized after packaging.

Two diameters: No. 2 ($\frac{3}{8}$ " diam.), No. 3 ($\frac{1}{2}$ " diam.).

Two lengths: $1\frac{1}{2}$ " length, ready to use, in boxes of 1000 and 2000.

6" length, cut them to any sizes needed. In boxes of 100, 500, 1000.

ORDER FROM YOUR DEALER

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

DENTAL DIVISION



The Publisher's Corner

By Mass

Number 296

A LETTER FROM EDDIE KELLS

THE DECEMBER DEPARTMENT recalled "the letters that used to come from Eddie Kells in the old days, beautifully typed in blue, on blue linen paper." Many a reader of the magazine will remember them—not just the blue stationery and the blue typing, but their cheerful kindliness. Those letters were Eddie Kells on paper. The CORNER reference prompted Doctor Theo. H. Rositzke of Woodhaven, Long Island, New York, to send along a letter from Eddie which he himself had received nearly twenty years ago. "Of course, the loss of my hand is a terrible blow, there's no use denying that," Eddie wrote, "but I still have much for which to be thankful."

Doctor Rositzke had written words of encouragement. So had a host of other friends all over the country. Eddie confessed that he was obliged to write the same acknowledgment to everyone. "There are too many of you," he said. Too many for him to write personally to each, he meant—not that he had "too many" friends. Because Eddie loved his friends, loved to do things for them. Doctor Rositzke recalls, "He once went to great lengths to explain a technique about which I had inquired." Countless others could recall many an example of his enthusiastic helpfulness.

The CORNER is grateful to Doctor Rositzke for sharing this memory of a man so many of us loved.

The December department also brought a letter from Com-

mander George H. Reed, a retired member of the Navy Dental Corps—and a poem he wrote after he read these pages month before last. Commander Reed calls it "Reflections," and it is so good that the CORNER is proud to print it:

In the coming of the twilight,
In the calm of solitude;
When the roar has passed and you rest at last,
And only thoughts intrude.

What is there but remembrance?
The triumph of your mind;
The joys and strife of what was life,
In years you've left behind.

For what was all this effort
That occupied your soul;
But a cunning stealth to give you wealth,
Was this your only goal?

How the viewpoint changes,
And understanding grows;
And the older years abate the fears,
That young ambition knows.

As wisdom measures riches,
In things that really count;
Your self-respect is the architect,
Of what is paramount.

Not what you get, but what you give,
Before you have to die;
Not what you save but what you gave,
Is what they judge you by.

Veterans' Clearinghouse

In addition to want-ad page advertisements in this issue that may be of interest to returning Dental Corps veterans, or to those who have opportunities for them, here are some more:

U—Returning veteran wants to buy established practice in southern Pennsylvania.

V—Returning veteran seeks position as salesman-demonstrator or clinician.

W—Veteran wants to buy practice and equipment in Oklahoma and will pay cash for good location.

X—Dental Corps captain, expecting to be home soon, seeks position with dentist in Pennsylvania or New Jersey; has had special training in prosthetics; Temple graduate; in practice six years before entering service.

Y—New York-licensed veteran seeks position with older dentist, with view of taking over practice; or would share office with physician; prefers small New York State community.

Z—Navy Dental Corps member, free next month, seeks position, preferably in group practice; has Missouri license and expects to receive Texas license; he would prefer to practice there; Kansas City-Western graduate. Before being commissioned, he was prosthetic technologist in Navy.

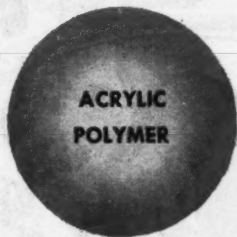
* * *

Want ads make you think of the unofficial proofreader of that page, Doctor Paul P. Greusel of Hebronville, Texas. Paul just spotted another typo in a recent issue—"plaster fillings" for "plastic fillings." A while ago, as recounted here, he nailed one that spelled "pedodontia" as "pepodontia." He's likely thinking that maybe the printers are planting 'em for him. Could be.

Every Dentist Should Know—

*What Kerr has done to make
dentures Tough and Precise*

TWO DIFFERENT ACRYLIC PEARLS



Incomplete Absorption
of Monomer—BRITTLE



Complete Absorption
of Monomer—TOUGH

● By combining ethyl acrylate with the basic methyl methacrylate, Kerr produced in Crystolex 102 a co-polymer acrylic with such superior toughness that your completed denture is endowed with new ability to resist shocks of use and abuse.

Now this outstanding material has also been endowed with revolutionary BUILT-IN CURE CONTROL.

Dentures from Kerr Crystolex 102 now polymerize not by installments—thin sections first, thick sections later—but ALL AT ONCE. So your dentures come through free from internal strains—therefore, precise fits.

Specify Crystolex 102 and enjoy the benefits of these outstandingly better dentures.

KERR DENTAL MFG. CO., DETROIT 8, MICHIGAN

Established 1891

KERR CRYSTOLEX

Formula 102



"Didn't Hurt a Bit!"

OUR YOUNG FRIEND means exactly that. He wasn't hurt a bit. And what happened to him is now the rule—not the exception.

For today dentists—as well as physicians and surgeons—have at their disposal many safe and effective pain preventives.

These merciful preparations fall into two types, *analgesics* which are used to reduce pain, and *anesthetics* which are used to abolish all sensation.

Whichever type your dentist or physician decides upon, you can know that his methods and understanding of pain prevention represent almost incredible progress in recent years. They are a far cry from the effort of Sir Humphry Davy, who discovered the anesthetic effects of nitrous oxide in 1800.

Regardless of the pain preventive selected to meet your needs, you can be increasingly confident of its purity and effectiveness.

For the pharmaceutical manufacturers who make *anesthetics* and *analgesics* now have a wide variety of synthetic organic chemicals from which to select their raw materials. The quality and potency of these chemicals are of assured uniformity because they *are* man-made under strict, scientific control. And, untiring research is continually increasing the number available for use in the prevention of pain.



Many of today's synthetic organic chemicals were developed through research by **CARBIDE AND CARBON CHEMICALS CORPORATION**. More than 160 of these chemicals are now produced as raw materials for industry by this one Unit of UCC. Among these are diethylethanolamine used by pharmaceutical manufacturers as an intermediate in the preparation of novocaine so familiar to dental practice...acetic anhydride used in the synthesis of aspirin and other analgesics...and others like ethyl ether, ethanol, dichlorethyl ether, dimethylethanolamine, and methyldiethanolamine, which serve in important ways in the preparation of pain preventives.

FREE:

A full color reproduction of this painting as it appeared in Fortune—but without advertising and suitable for framing—will be sent to you for the asking. Write Union Carbide, Dept. DP-3, New York City.

This advertisement also appeared in Time, National Geographic, Business Week, Newsweek, U. S. News, Nation's Business and other magazines.

UNION CARBIDE AND CARBON CORPORATION

30 East 42nd Street **UCC** New York 17, N. Y.

Principal Units in the United States and their Products

ALLOYS AND METALS—Electro Metallurgical Company, Haynes Stellite Company, Kemet Laboratories Company, Inc., United States Vanadium Corporation

CHEMICALS—Carbide and Carbon Chemicals Corporation **PLASTICS**—Bakelite Corporation

ELECTRODES, CARBONS, AND BATTERIES—National Carbon Company, Inc.

INDUSTRIAL GASES AND CARBIDE—The Linde Air Products Company, The Oxweld Railroad Service Company, The Prest-O-Lite Company, Inc.



Supplied Pink and Clear

Unit (sufficient for one full upper

or one full lower\$ 1.60

10 Units (bulk package)..... 14.00—\$1.40 per unit

30 Units (3-10 unit packages)..... 39.00— 1.30 per unit

60 Units (6-10 unit packages)..... 72.00— 1.20 per unit

S. S. WHITE DENTURE ACRYLIC

combines **UTILITY** *with* **ESTHETICS**

When full or partial dentures are required, dentist and the patient are concerned alike with the practical functioning, durability, and pleasing appearance of the restoration.

S. S. WHITE Denture Acrylic may be processed into beautiful, comfortable and lasting dentures. It has a natural color, in and out of the mouth, with a texture and translucence that permits it to blend harmoniously with the tissues, and lose its identity in the mouth.

Denture Acrylic hues do not change. The coloring matter is inert, so they remain permanent. It contains no plasticizer and is immune to light, heat, moisture, and any of the substances tolerated by oral tissue, and its hard, dense, smooth texture deters surface accumulations.

Denture Acrylic has abundant strength for all denture purposes.

It holds securely bars, clasps, anchors, and saddles of precious and non-precious metals. In repairs new material joins intimately with old material. No color change occurs in processing; no line of demarcation takes place between old and new; no special or difficult technique is needed; no particular repair materials are required.

S. S. White Denture Acrylic complies with all the details of A. D. A. Specification No. 12.

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA 5, PA.

1844 "Over a Century of Service to Dentistry" 1946



Many physicians have found Vitaminets 'Roche' the multivitamin-mineral product best suited to the requirements of modern medical practice and to the patient's preference for a conveniently administered preparation. It provides 9 vitamins and 5 minerals in a pleasantly flavored tablet which is willingly taken by children and adults—a tablet so palatable that it may be chewed. Available in bottles of 30, 100, and 250. HOFFMANN-LA ROCHE, INC., Nutley 10, N. J.

VITAMINET'S 'ROCHE'

WHAT COULD BE MORE GENTLE THAN "LIQUID BULK"...

Schematic section of villi showing fluid exchange system through blood vessels whereby water is drawn into the bowel to help form "liquid bulk."



TO STIMULATE PERISTALSIS ?

When a laxative is indicated, the dentist knows that *effectiveness* coupled with *gentleness* are the qualities to be desired.

SAL HEPATICA combines both these qualities because it follows nature's own methods—utilizes the gentle pressure of "liquid bulk" to reinforce peristalsis.

Shortly after SAL HEPATICA is administered, the peristaltic musculature is stimulated and the bowel flushed. Usually within an hour the intestinal tract is gently but effectively cleansed of undesirable waste.

Because of this gentle yet thorough relief, SAL HEPATICA has enjoyed the confidence of the dental profession for many years.

SAL HEPATICA

A Product of BRISTOL-MYERS COMPANY
19 L. West 50th Street • New York 20, N. Y.

GENTLE PRESSURE FOR GENTLE
YET THOROUGH LAXATION



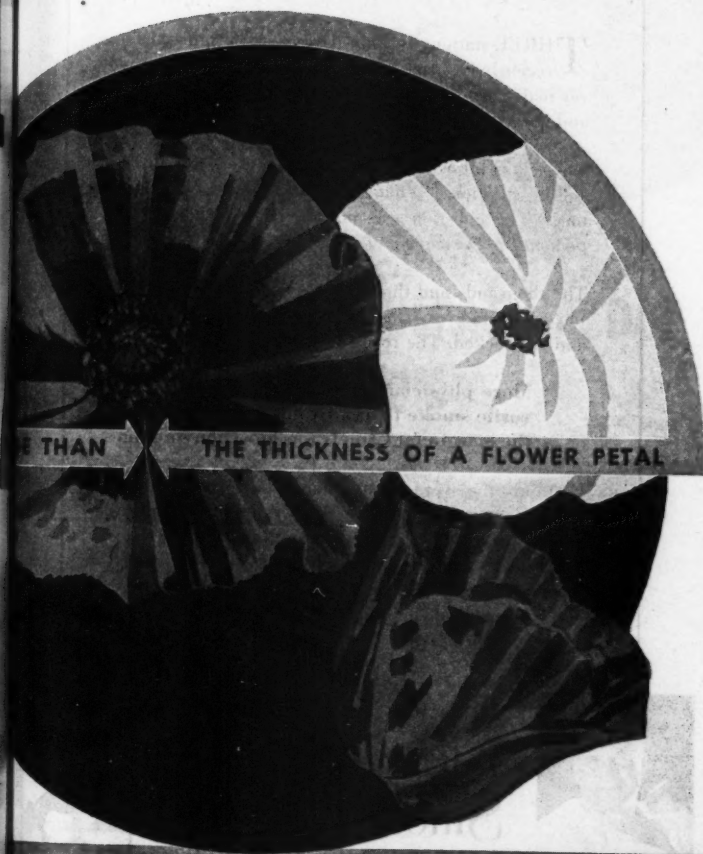
Dimensional Stability

The dentures that you place in patients' mouths today will continue to provide complete comfort and functional service for many years to come providing they are processed with permanently stable VERNONITE. This outstanding acrylic material possesses a high degree of dimensional stability—so much so, in fact, that correctly processed and stabilized as to moisture content, it retains its original size and shape for the life of the restoration. Vernonite stays the way it is molded.

Carefully conducted investigations in our research laboratories, using scientific measuring apparatus, discloses that Vernonite remains accurate to about 0.1 % linearly. Compared to the average span of a denture, 50 mm, this means that Vernonite undergoes less change than the thickness of a flower petal—less, in fact, than the thickness of a human hair, a silk thread, or a postage stamp. Hold the page on which this statement is printed, between your thumb and forefinger . . . feel how thin it is. Vernonite's change in the mouth throughout years of service is less than that!

For real patient satisfaction, prescribe dependable Vernonite and accept no substitute.

Vernonite



ERNON-BENSHOFF COMPANY

O. BOX 1587 • PITTSBURGH 30, PENNA.

More pleasure to you, Doctor!

THREE nationally known research organizations recently reported the results of a nationwide survey to discover the cigarette preferences of physicians and surgeons.

Physicians all over the United States were asked the simple question: "What cigarette do you smoke, Doctor?" The question was put solely on the basis of *personal preference as a smoker.*

The thousands and thousands of answers from these physicians in every branch of medicine were checked and re-checked. The result:

More physicians named Camel as their favorite smoke than any other cigarette. And the margin for Camels was most convincing.

Certainly the average physician is busier today than ever before and is deserving of every bit of relaxation he can find in his day-by-day routine . . . a cigarette now and then if he likes. And the makers of Camels are glad to know that physicians find in Camels that extra margin of smoking pleasure that has made Camels such a favorite everywhere.

According to this recent nationwide survey:



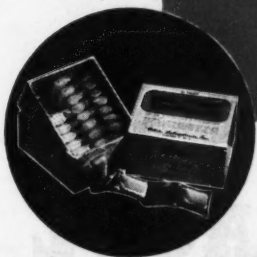
**More Doctors
Smoke Camels**
than any other cigarette!



R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

"By means of the chewing gum method, I believe the concentration of sulfathiazole can be maintained in the mouth . . . for some time, since the solubility of the drug is constant."

—Correspondence, J.A.M.A., 122:1204,
(Aug. 21) 1943.



White's SULFATHIAZOLE GUM*

AVAILABLE IN PACKAGES OF 24 TABLETS, SANITAPED, IN SLIP-SLEEVE PRESCRIPTION BOXES

A single tablet chewed for *one-half to one hour* promptly provides a high concentration of locally active sulfathiazole (average 70 mg. per cent). This high concentration is sustained throughout the entire chewing period, in immediate contact with infected oral mucosal surfaces. Moreover, resulting blood levels of the drug, even with maximal dosage, are so low that systemic toxic reactions are virtually obviated.

Indications: Infectious stomatitis and gingivitis, including acute Vincent's disease; preoperatively and postoperatively to prevent and treat dental sepsis; sulfonamide-susceptible infections of oral mucosa; correction of feter oris due to oral sepsis.

Dosage: One tablet chewed for *one-half to one hour* at intervals of one to four hours depending upon the severity of the conditions. If preferred, several tablets—rather than a single tablet—may be chewed successively during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.



A PRODUCT OF WHITE LABORATORIES, INC.
PHARMACEUTICAL MANUFACTURERS • NEWARK 7, N. J.

Cleansing
Detergency

Bactericidal
Action



CĒPACOL

Alkaline Germicidal Solution

Combining greater mucus-clearing detergent action with a superior bactericidal effect, CĒPACOL is valuable as a spray or rinse at the chair, as well as for everyday oral hygiene.

Containing no phenols or mercurials, CĒpacol is clinically nontoxic and nonirritating to sensitive tissues. Does not affect instruments, dentures or bridges.

PLEASANT TASTE—The delightfully refreshing flavor has an immediate appeal to your patients.

At prescription pharmacies in pints and gallons.




MERRELL

Since 1828

Trademark "CĒpacol"
Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY

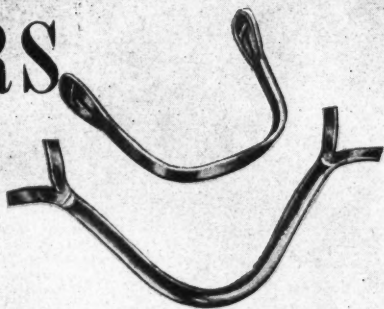
CINCINNATI, U. S. A.



LIGHT *and* DURABLE

Research Lingual and Palatal Bars combine great strength with little bulk. Contoured to meet modern requirements, they reduce manipulation to a minimum. They are particularly indicated for use with translucent acrylic denture materials.

Research *Gold* BARS



Write for Research physical properties chart which helps you select the ideal Research gold for every purpose.

PRECIOUS METALS

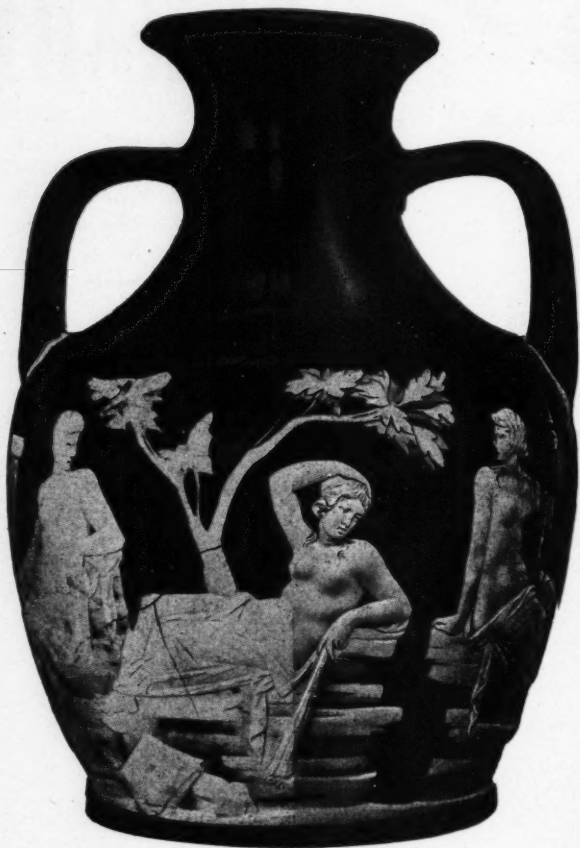
Research

WORKS, INC.

230 WEST 41st ST., NEW YORK 18, N. Y.



Faithful



PORTLAND VASE

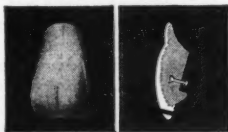
The left half of the above picture portrays the original vase. The right half represents its duplication.

Duplications

Dr. Myerson's True-Blend Teeth bring you means of making restorations that are enduring masterpieces. They defy detection and they are stronger, too.

Greater Naturalness

For many centuries the faithful duplication of natural teeth defied the most painstaking efforts. Dr. Myerson solved this long standing problem and produced the first artificial teeth that were indistinguishable from natural teeth. Thanks to his discovery, skilled dentists can make dentures that are enduring masterpieces of restorative art. For Dr. Myerson's True-Blend are not only more natural—they are stronger, too.



Light Transmission Does It

The transparent enamel of Dr. Myerson's True-Blend is the secret of their remarkable duplication of natural teeth. By reduced light reflection from the body of the tooth and by light transmission at the incisal part of the tooth, the shadowy incisal areas and life-like appearance are obtained.

Today imitation of Dr. Myerson's True-Blend is world-wide.

For best results use the original.

Dr. Myerson's

TRUE-BLEND ANTERIORS and TRUE-KUSP POSTERIORs
are an IDEAL COMBINATION



Smooth —JUST LIKE KOLYNOS



Entertain your child patients with "Kolynos Kids." They're easy to make—send for free folder.

KOLYNOS
POWDER-PASTE

Smooth and rich in texture . . . yet outstandingly efficient in its cleansing and polishing action, Kolynos is one dentifrice which does its appointed job without compromising with safety. And it does this job with a lingering taste so pleasing, so distinctively refreshing that daily tooth care becomes an enjoyable experience rather than an annoying chore.

What more logical answer could you have for that inevitable "what dentifrice?" question?

A Product of the

WHITEHALL PHARMACAL COMPANY, 22 E. 40th ST., NEW YORK 16, N. Y.

FULL MOUTH

is the latest development of
the Research Laboratories of

KONFORMAX

AN IMPRESSION MATERIAL with these unusual, highly desirable, long sought characteristics:

FLOWS WITHOUT PRESSURE...allows movable teeth to retain their normal positions.

SETS FIRMLY...Impressions may be removed without fear of distortion.

TIME, 7 MINUTES...1 minute to mix...
1 minute to insert...8 minutes to finish.

NO MIXING
NO COVERING
NO DRAINING

KONFORMAX DIVISION
PERMATEX COMPANY, INC.
Brooklyn 29, N.Y., U.S.A.



NEW!

One Full Mouth Impression Unit.

The chemically treated container serves as a perfect mixing cup. The new, easy to empty tubes contain measured amounts for just one full mouth impression.

KONFORMAX DIVISION OF PERMATEX COMPANY, INC.
BROOKLYN 29, N. Y., U. S. A.

Send copy of new folder, "Techniques for Practical Full Lower and Upper Dentures."

NAME

STREET

CITY

STATE



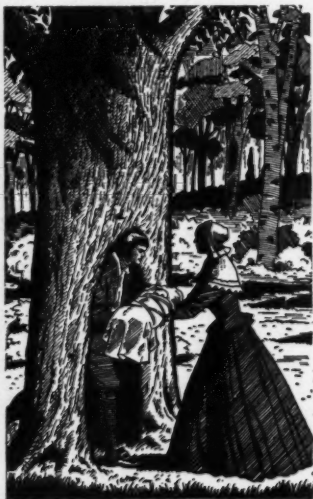
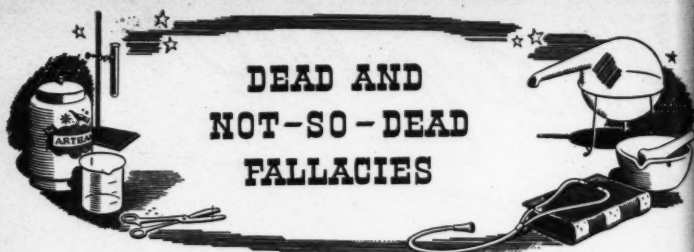
201
Why stop here?

Why not make your pain-control procedures truly comprehensive by employing Anacin to combat post-operative pain? It's so easy to administer an Anacin tablet upon leaving the chair and to recommend its further use, if necessary, upon reaching home. And the results are so gratifying—thanks to Anacin's quick, dependable analgesic action.

If you're not receiving Anacin's free monthly Service, write today, on your letterhead, to Whitehall Pharmacal Company, 22 E. 40th St., New York 16, N.Y.



Dentistry's choice 2 to 1



A CHILD afflicted with hernia, claimed the old-time "sympathetic" healers, should be passed through the cleft in an ash tree and the hernia would then disappear. This method boasted many "cures," for, as you know, umbilical hernias in babies often tend to heal themselves.



A PRESENT DAY fallacy, still widespread, is that canned foods need to be cooked. The fact is that the canning process thoroughly cooks the contents of the can, and foods need only be heated to suit taste.



AMERICAN CAN COMPANY

NEW YORK • CHICAGO • SAN FRANCISCO

WORLD'S LARGEST MANUFACTURERS OF FIBRE AND METAL CONTAINERS



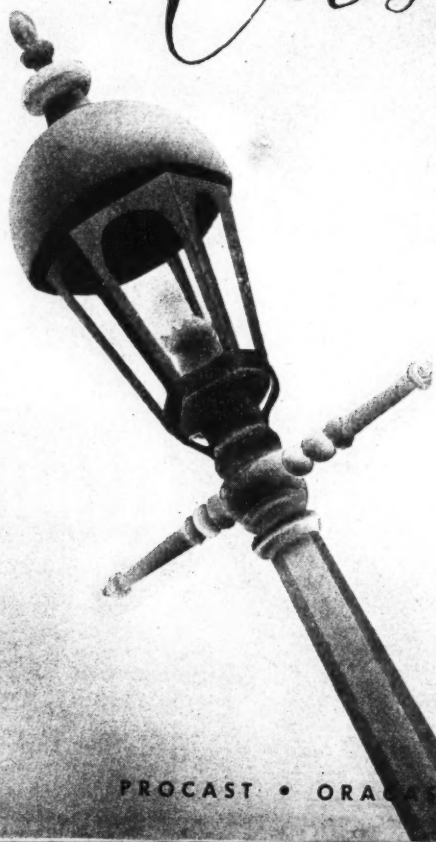
Truly significant superiority

● The superior physical properties and working qualities of the new, improved Williams XXX Partial Denture Casting Gold measure up to dentistry's highest standards...Casts smooth and dense...lustrous light coin color...highly resistant to discoloration. Specify Williams XXX to your dealer or laboratory. Williams Gold Refining Co., Inc. Buffalo 14, N. Y. Fort Erie N., Ont.; Havana, Cuba.



Dentistry's Finest Partial Denture Casting Gold

Casting



PROCAST • ORACAST • MULTICAST

of Golds...

Since the gay gaslight era,

Aderer Dental Golds

have served Dentistry throughout the world.

In this time, many Dentists and

most Technicians have come to recognize

assurance in the Aderer trademark.

They can thus be certain of all desirable

physical properties . . . of superlative casting

qualities . . . of all possible improvements

that the most modern equipment and

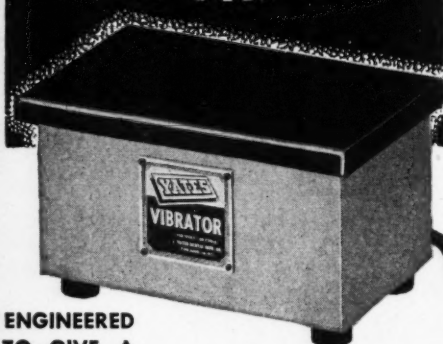
metallurgical research can provide.

ADERER GOLDS

Julius Aderer, Inc., New York - Chicago

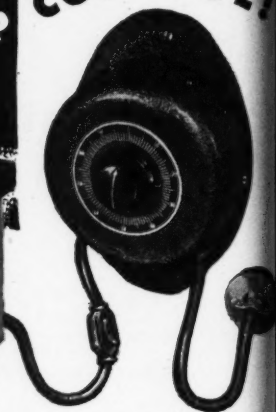
SPEED AND SEGMENT SOLDERS

THE
YATES
VIBRATOR
 A *Powerful* MACHINE
 WITH FINGERTIP



**ENGINEERED
 TO GIVE A
 LIFETIME OF
 SERVICE**

CONTROL!



The best practice today calls for the use of a vibrator in making both models and investments. And here is the BEST of Vibrators . . . sturdy and powerful enough to handle the largest cases—yet so delicately adjustable that it cannot damage the most fragile pattern or impression.

Silent, efficient, dependable—it will give you dense, smooth investments, and assure you of perfect reproduction of the tiniest details.

Its rheostatic control provides any desired intensity of vibration, from a faint murmur to a definite throb. Its table surface, over twice the ordinary size, enables you to vibrate several cases at a time. Its beautiful design and substantial construction make it an impressive addition to your workbench.

\$52⁵⁰

For 110V. 50-60 Cycle AC Current, complete with rheostat, and ready to use.

J. **YATES**

DENTAL MFG. CO.

340 W. Huron St.

Chicago 10, Ill.

bed
urdy
ed
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**Zeiss
Measuring
Micrometer**

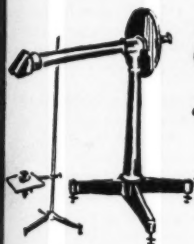


Dedicated

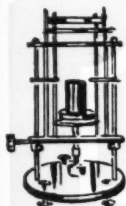
to the highest practices
in the refining and manufac-
turing of precious metals.

**DEE GOLD is
TESTED GOLD**

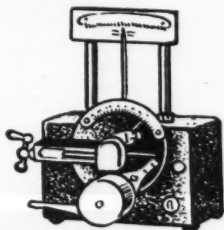
*Used by discriminating Dentists
and Laboratories throughout
America and abroad.*



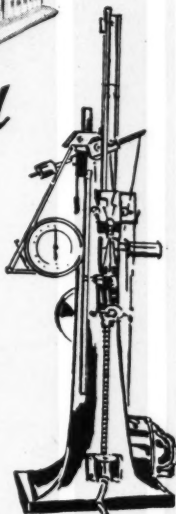
**Interfero-
meter**



**Baby
Brinell**



**Stiffness
Tester**



**Amsler
Universal
Testing**

GENERAL OFFICES
AND PLANT
1900 W. KINZIE ST.

T H O M A S J.
DEE & CO.
Precious Metals
CHICAGO

DOWNTOWN OLD GOLD
AND SALES OFFICE
55 E. WASHINGTON ST.

Compare

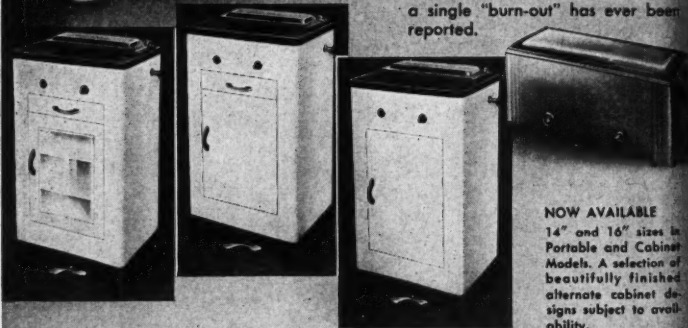
the advanced automatic development of

AMERICAN SMALL INSTRUMENT STERILIZERS



As applied to these superior private office sterilizers, the term "automatic" is all inclusive. Not only does it imply automatic temperature control of on-and-off operation, it includes **PERMANENT** safety low-water cut-off . . . automatic "burn-out-proof" safety that protects both instruments and sterilizer.

When left in operation, unattended . . . during an emergency call . . . over a holiday or weekend, no damage to instruments or sterilizer can result. When low-water cut-off occurs, functional operation can only be resumed by replenishing water in the chamber and manually switching on the current. Of the thousands in use, not a single "burn-out" has ever been reported.



NOW AVAILABLE
14" and 16" sizes in
Portable and Cabinet
Models. A selection of
beautifully finished
alternate cabinet de-
signs subject to avail-
ability.



ORDER TODAY or write for descriptive literature.

AMERICAN STERILIZER COMPANY

Erie, Pennsylvania

DESIGNERS AND MANUFACTURERS OF SURGICAL STERILIZERS, TABLES AND LIGHTS

AT LAST

Your Skill

CAN BE ACCURATELY REFLECTED

IN THE *fit* OF THE

FINISHED DENTURE

Now, for the first time, it is literally true that an accurate impression can be positive assurance of an accurately fitting denture: Heretofore the term "accurate" as applied to a finished case has meant merely the closest approach to complete adaptation that could be attained with existing denture base materials and processing methods.

Today you can have a full denture made with the certain knowledge that it will fit the patient's mouth tissues as snugly and intimately as your own impression—even in those vexatious "problem cases".

The fundamental principles underlying this epochal advancement in denture construction are summarized in the booklet which we shall be glad to mail you at your request. Its few pages we believe will provide you with a logical answer to the problem of denture adaptation.

SEND FOR IT NOW—AND DECIDE FOR YOURSELF!

The Dresch Laboratories Company

335 Superior Street • Toledo 1, Ohio

Please send me your booklet "THE METAL BASE DENTURE"

Dr.

Street Address

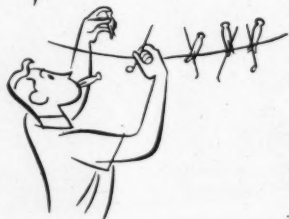
City and State



No Rinsing...



No Drying...



NO LOSS OF TIME

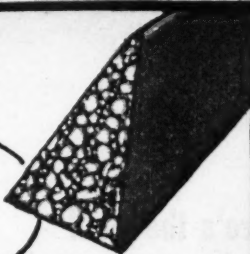
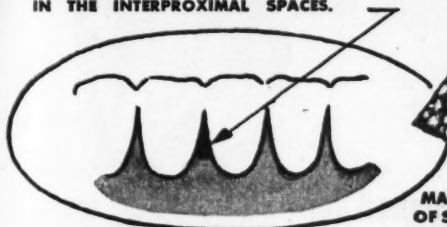
...after disinfection in Metaphen Disinfecting Solution. Instruments removed from *this* solution are ready for *immediate* use without rinsing or drying since Metaphen Disinfecting Solution is nonirritating to the skin and oral tissues, and does not leave a gummy deposit to interfere with the free action of hinged instruments. ● This widely used product, designed for cold disinfection of instruments, may be relied upon, in the absence of blood and exudate, to kill common pathogenic bacteria (except tubercle bacilli and certain spore-bearers) in *ten minutes or less*. ● Metaphen Disinfecting Solution does not pit or dull cutting edges. It is stable, non-volatile, and even long continued use on reasonably clean instruments does not diminish its disinfecting potency. You and your patients will appreciate its freedom from fumes and odor. ● To enjoy all these advantages in your own practice, order a quart or gallon bottle of Metaphen Disinfecting Solution from your pharmacist today. ABBOTT LABORATORIES, North Chicago, Illinois.

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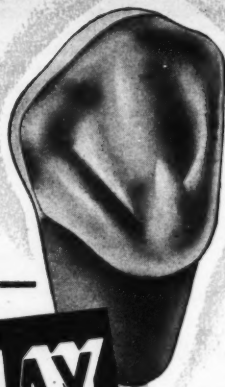
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